

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V71269 (7)

1. Corporation Name
THE STONE RESOURCE, INC.



Principal Place of Business 831 NW 12TH AVE FT. LAUDERDALE FL 33111 US	Mailing Address 831 NW 12 AVENUE SUITE 100 FT. LAUDERDALE FL 33311-7128 US
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3. Date Incorporated or Qualified 10/15/1992	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0368298	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**NEIL ABERMAN
 -931 NW 12TH AVENUE
 SUITE 100
 FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81. Name
GRETA R. SHULACK

82. Street Address (P.O. Box Number is Not Acceptable)
603 Puerta Avenue

83. City
Coral Gables

84. State
FL

85. Zip Code
33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **GRETA R. SHULACK** *Greta R. Shulack* **4/22/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	ABERMAN, NEIL	
STREET ADDRESS	931 NW 12TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	P/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ABERMAN, NEIL		
1.3 STREET ADDRESS	317 N Main Street		
1.4 CITY-ST-ZIP	High Point, NC 27260		
2.1 TITLE	VP/S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Eugene D. Skeen, Jr.		
2.3 STREET ADDRESS	931 NW 12th Ave., Suite 100		
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		
3.1 TITLE	Assistant Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Debbi Aberman		
3.3 STREET ADDRESS	317 N Main Street		
3.4 CITY-ST-ZIP	High Point, NC 27260		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Neil Aberman* **NEIL ABERMAN** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

0270189

CR2E034 (9/96)