


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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V71269 (7)					
1. Corporation Name THE STONE RESOURCE, INC.					
Principal Place of Business 931 NW 12TH AVE FT. LAUDERDALE FL 33311 US			Mailing Address 931 NW 12 AVENUE 2101 E. Kivett Dr. SUITE 100 FT. LAUDERDALE FL 33311 High Point, NC 27260		
3. Date incorporated or Qualified 10/15/1992					
2. Principal Place of Business 21. 2101 E. Kivett Dr. Suite, Apt. #, etc.			2a. Mailing Address 26. 2101 E. Kivett Dr. Suite, Apt. #, etc.		
23. High Point, NC City & State 27. 27260 Zip US Country			28. High Point, NC City & State 29. 27260 Zip US Country		
9. Name and Address of Current Registered Agent SHULACK, GRETA R 603 PUERTA AVE. SUITE 100 CORAL GABLES FL 33143			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code		
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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PT Aberman, Neil <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME 2101 E. Kivett Dr.					
1.3 STREET ADDRESS High Point, NC 27260					
1.4 CITY - ST - ZIP					
2.1 TITLE VP Skeen, Eugene D Jr. <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME 931 N.W. 12TH AVE., STE. 100					
2.3 STREET ADDRESS FT. LAUDERDALE FL					
2.4 CITY - ST - ZIP					
3.1 TITLE AS Aberman, Debbi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME 2101 E. Kivett Dr.					
3.3 STREET ADDRESS High Point, NC 27260					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I 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: Eugene D. Skeen Jr. Eugene Skeen, VP 4/14/98 954-523-0630					

CR2E034 (10/97)