

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY - 1 PM 5: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 169211 (0)

1. Corporation Name  
THE STEPHAN CO.

Principal Place of Business: 1850 W MC NAB ROAD FT LAUDERDALE FL 33309-1012  
Mailing Address: 1850 W MC NAB ROAD FT LAUDERDALE FL 33309-1012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/29/1952	05/01/1994
4. FEI Number	Applied For
59-0676812	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	
		FL	B5	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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Name of Current Registered Agent) \_\_\_\_\_ (Name of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PINTO, JOHN	2. NAME	
STREET ADDRESS	UNIT 7 BLUE HILLS COMMON	3. STREET ADDRESS	
CITY, ST, ZIP	ORANGEBURGH NY	4. CITY, ST, ZIP	
TITLE	PD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEROLA, FRANK F	22. NAME	
STREET ADDRESS	1850 W. MCNAB RD.	23. STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	24. CITY, ST, ZIP	
TITLE	DS	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETIZIA, STEPHEN	32. NAME	
STREET ADDRESS	260 DAVENPORT AVE	33. STREET ADDRESS	
CITY, ST, ZIP	NEW ROCHELLE NY	34. CITY, ST, ZIP	
TITLE	<del>D</del>	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HIRSCH, ADOLPH</del>	42. NAME	
STREET ADDRESS	<del>3128 E. GATEHOUSE DR.</del>	43. STREET ADDRESS	
CITY, ST, ZIP	<del>GRAND RAPIDS MI</del>	44. CITY, ST, ZIP	
TITLE	VTD	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMBROSIO, THOMAS	52. NAME	
STREET ADDRESS	160 CALIFORNIA RD	53. STREET ADDRESS	
CITY, ST, ZIP	YORKTOWN HGTS NY	54. CITY, ST, ZIP	
TITLE	D	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, W., GREGG	62. NAME	
STREET ADDRESS	2100 WHARTON ST #700	63. STREET ADDRESS	
CITY, ST, ZIP	PITTSBURGH PA	64. CITY, ST, ZIP	

14. I, the hereby certify that the information supplied with this filing is voluntarily furnished and true, and comply with the requirements stated in Section 199.02(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement is true and correct 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 treasurer or chief financial officer and that I am responsible for the preparation of this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (Name of Signing Officer or Director) \_\_\_\_\_ (Date) 4/28/95 (303) 971-0600