

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90047 001 ***150.00

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01232004 Chg-P CR2E034 (10/03)

DOCUMENT # 169211 1. Entity Name THE STEPHAN CO.					
Principal Place of Business 1850 W MC NAB ROAD FT LAUDERDALE, FL 33309			Mailing Address 1850 W MC NAB ROAD FT LAUDERDALE, FL 33309		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-0676812	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENOVESE, LEONARD 1850 W MCNAB ROAD FT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO VPT SPIEGEL, DAVID 1850 W. MCNAB ROAD FT. LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, CURTIS 1850 W MCNAB ROAD FT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHEEN, SHOURY 1850 W. MCNAB ROAD FT. LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS D'AMBROSIO, THOMAS 1850 WEST MCNAB RD. FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KIESTER, TYLER 1850 W. MCNAB ROAD FT. LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEROLA, FRANK F 1850 W MCNAB RD FT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEROLA, FRANC 1850 W MCNAB RD FT LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPINTO, JOHN 1850 W. MCNAB RD. FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Tyler Kiester</u> 1-23-04 954.971.0600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					