

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000025305 (9)
 1. Corporation Name
PATRICIA STEPHENSON & ASSOCIATES, INC.



Principal Place of Business: **2425 PRESIDENTIAL WAY, STE. 501 WEST PALM BEACH FL 33401**
 Mailing Address: **2425 PRESIDENTIAL WAY, STE. 501 WEST PALM BEACH FL 33401-1303**

3. Date Incorporated or Qualified: **03/18/1996**
 3a. Date of Last Report

2. Principal Place of Business
 21 **SAME AS ABOVE**
 Suite, Apt. #, etc. **//**
 22 **//**
 City & State **//**
 23 **//**
 Zip **//** Country
 24 **//** 25 **PALM BEACH**
 26 **SAME AS ABOVE**
 Suite, Apt. #, etc. **//**
 27 **//**
 City & State **//**
 28 **//**
 Zip **//** Country
 29 **//** 30 **PALM BEACH**

4. FEI Number: **65-0685235**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
STEPHENSON, PATRICIA
2425 PRESIDENTIAL WAY, STE. 501
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
 81 Name: **N/A**
 82 Street Address (P.O. Box Number is Not Acceptable): **N/A**
 83
 84 City: **FL** 85 Zip Code: **85**

11. Pursuant to the provisions of Sections 607.0502 and 607.0910, 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. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.
NO CHANGE
 SIGNATURE: **Patricia R. Stephenson** **PATRICIA R. STEPHENSON** **4-7-97**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	STEPHENSON, PATRICIA	
STREET ADDRESS	2425 PRESIDENTIAL WAY, STE. 501	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 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, appears in Block 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: **Patricia R. Stephenson** **PATRICIA R. STEPHENSON** **4-7-97**

CR2E034 (9/96)