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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Corporation	MENT # S9366	9 (7))					
STEVO,	, INC.							
Principal Place	of Business	Mailing Address			T TOURING TO THE TRIBUTION BIND BIND BIND	1011 81841 BESIT BIS		111
1323 FEDERAL	L HWY	140 INTRACOASTA	AL POINTE DRIV	Ē				
SUITE 401 ROYNTON RE	ACH FL 33435	SUITE 401 JUPITER FL 33477						
US					3. Date Incorporated or Qualified	3a. Date of t		ŀ
2 Principal Pla	ion of Burinoss	A N/28 Mailing Address			11/12/1991 4. FEI Number	01/2	3/1995 Applied Fr	~
2. Principal Place	B B Fredered!	2a. Mailing Arldress		٠,	65-0306864		Not Applic	
Suite, Apt. #	, etc.	Suite, Apt. #, etc	>.		5. Certificate of Status Desired	\$	8.75 Addition	al
City & State	<u> </u>	City & State			6. Election Campaign Financing		Fee Required	
_ ′	ynton Beach, F1	28			Trust Fund Contribution		\$5.00 May B Added to Fees	
7 _m	Country	Zip	Cour	ntrv	8. This corporation has liability for i	intangible tax ur		
334	[23]	العما	30		Florida Statutes Yes			
	9. Name and Address of Curren	nt Registered Agent		nal V	10. Name and Address of New R	egistered Age	nt	-
				B1 Name				
SELDIN,			Ì	82 Street Addr	ress (P.O. Box Number is Not Acceptab	ile)		
	RACOASTAL POINTE DR.			83				
SUITE 40			į					
JUPITER FL 33477				84 City FL 8		5 Zip Code		
							_ 	'
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida St	tatutes, the abo	ve-named corpor	ration submits this statement for the pur	pose of changir	ng its registered	office
or registere	ed agent, or both, in the State of Flori	ida. Such change was auth	horized by the c	ve-named corpor orporation's boar	ration submits this statement for the pur ird of directors. I hereby accept the appo	pose of changir pintment as regi	ng its registered istered agent. I i	office am
or registere familiar with	o the provisions of Sections 607.050; ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was auth	horized by the c	ve-named corpor corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changir ointment as regi	ng its registered istered agent. I i	office am
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cathy 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, if on an attachment with an address. OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 7