

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S93669** (7)

1. Corporation Name
STEVO, INC.



Principal Place of Business: 1323 FEDERAL HWY SUITE 401 BOYNTON BEACH FL 33435 US
Mailing Address: 140 INTRACOASTAL POINTE DRIVE SUITE 401 JUPITER FL 33477

3. Date Incorporated or Qualified: 11/12/1991
3a. Date of Last Report: 01/23/1995

2. Principal Place of Business: 21 1323 S. Federal Hwy 26
Suite, Apt. #, etc.: 22 N/A 27
City & State: 23 Boynton Beach, Fl 28
Zip: 24 33435 25 Country: 29

4. FEI Number: 65-0306864 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: SELDIN, KEITH A. 140 INTRACOASTAL POINTE DR. SUITE 401 JUPITER FL 33477
10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DVP	NAME: STEPHENS, ROBERT	1.1 TITLE:	Change Addition
STREET ADDRESS: 10915 GLENEAGLES RD	CITY-ST-ZIP: BOYNTON BCH FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: DP	NAME: VOLPE, FRANCIS B.	2.1 TITLE:	Change Addition
STREET ADDRESS: 10466 DENOEU RD	CITY-ST-ZIP: BOYNTON BCH. FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: OT	NAME: STEPHENS, TINA	3.1 TITLE:	Change Addition
STREET ADDRESS: 10915 GLEN EAGLES RD	CITY-ST-ZIP: BOYNTON BCH FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: OT	NAME: VOLPE, CHRISTINE	4.1 TITLE:	Change Addition
STREET ADDRESS: 10466 DENOEU RD	CITY-ST-ZIP: BOYNTON BCH. FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* VP Date: 4-9-96 Daytime Phone #

CR2E034 (12/95)