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Feb 06 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 # S93669 (7)  
1. Corporation Name  
STEVO, INC.



Principal Place of Business  
1323 S FEDERAL HWY  
SUITE 401  
BOYNTON BEACH FL 33435  
US

Mailing Address  
140 INTRACOASTAL POINTE DRIVE  
SUITE 401  
JUPITER FL 33477-5088

3. Date Incorporated or Qualified 11/12/1991  
3a. Date of Last Report 04/18/1996

2. Principal Place of Business 21  
2a. Mailing Address 26  
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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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	1.1 TITLE	
NAME	STEPHENS, ROBERT	1.2 NAME	
STREET ADDRESS	10915 GLENEAGLES RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	
NAME	VOLPE, FRANCIS B.	2.2 NAME	
STREET ADDRESS	10466 DENOEU RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH. FL	2.4 CITY - ST - ZIP	
TITLE	OT	3.1 TITLE	
NAME	STEPHENS, TINA	3.2 NAME	
STREET ADDRESS	10915 GLEN EAGLES RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH FL	3.4 CITY - ST - ZIP	
TITLE	OT	4.1 TITLE	
NAME	VOLPE, CHRISTINE	4.2 NAME	
STREET ADDRESS	10466 DENOEU RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH. FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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. 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 in an attachment with an address.

SIGNATURE: Robert Stephens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1-30-97  
1-30-97 561-732-9418  
Date Daytime Phone #

CR2E034 (9/96)