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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P93000041707 (9)

SHARON LEE STEDMAN, P.A.

Principal Pla	ace of Business	Mailing Address				f iddiider ein tened trut dain datif som sain didt itat tabu saut sabr inen			
	STEDMAN, P.A.	1516 E HILLCREST ST							
	CREST ST., SUITE 108	#108 ODIANDO EL 22002 ATLA							
ORLANDO FL	L 32803	US US	ORLANDO FL 32803-4714			3. Date Incorporated or Qualified 39. Date of Last Report			
		<b>0</b> -				06/07/1993		25/1996	
2. Principal	2a. Mailing Address				4. FEI Number	1 441		pplied For	
21	26					59-3189729		j	ot Applicable
Suite, Ap	ot #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·					<del></del>	Additional
22		27				5. Certificate of Status Desired	لسا	Fee R	equired
City & Sta	ate	City & State	State			6. Election Campaign Financing		\$5,00	May Be
23	28					Trust Fund Contribution Added to Fees			
Zip	Country	Country Zip Count			This dorporation has identify the manigration day brook of 100.002;				
24	25		30				Yes [		
	9. Name and Address of Cur	rrent Registered Agent	8	a T		10. Name and Address of New Re	jistered .	Agent	
	EDMAN, SHARON L 16 E HILLCREST ST		*	'\	Name				
		8:	82 Street Address (P.O. Box Number is Not Accep				1		
	108		L.	1					····
OF	RLANDO FL 32803		8	3					
			6	4	City		F= 1	85 Zip	Code
				1			FL	- 1 1	
11. Pursuar office of	nt to the provisions of Sections 607. In registered agent, or both, in the S	0502 and 607.1508, Florida Statute tate of Florida. Such change was a	es, the abouthorized t	ve bv	∺named or the corpo	orporation submits this statement for the praction's board of directors. I hereby access	urpose of at the apr	f changing i sointment as	its registered s registered
agent. I	I am fan dar with, and accept the ol	blightions of, Section 607.0505, Flo	rida Statut	<b>9</b> 5.	,	ration's board of directors. I hereby accept		, 24	00
SIGNATURE	Marin bel	Ridman						<u>·30·</u>	77_
12.	Signature, typed or printed han electrogisters  OPEIOEDS		Registered A	ger	nt signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND	DIBECTO	RS IN 12
TITLE	PD	OFFICERS AND DIRECTORS  DELETE		1.1 TOTLE		ADDITIONAÇÃI ANGLO TO OTTIC	CHOPAG	☐ Change	Addition
NAME	STEDMAN, SHARON L		1.2 NAM						based 7 12 CV CV
		10	4		ADDRESS				
STREET ADDRESS	ORLANDO FL	10							
CITY - ST - 7IP	ONDAINDO FL	DELETE	1.4 CITY		- 21			Change	Addition
NAME			2.2 NAM						
STREET ADDRESS	e	•			ADDRESS				
CITY-ST-ZIP	3 }						Ka of		
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		1-ZIF			Change	Addition
NAME				3.2 NAME					<del></del>
STREET ADDRESS	25				ADDRESS	•			
CITY-ST-ZIP			3.4. CITY		- 1				
TITLE		DELETE	4.1 TITLE		1.61			Change	Addition
NAME		_	4. 2 NAM					•	<del>_</del> .
STREET ADDRESS	8				ADDRESS				
CITY-SI-7IP			4.4 CITY						
TITLE		_	5.1 TITLE				Change	☐ Addition	
		_	5.2 NAM						
	.s.				ADDRESS				
					- 1				
TITLE		6.1 TITLE	_				Change	Addition	
NAME			6.2 NAM						
	36				ADDRESS	•	,		
14. I do hei	reby certify that the information sup	plied with this filing does not qualif	y for the ex	xer	mption sta	ited in Section 119.07(3)(i), Florida Statute	s. I furthe	or certify tha	it the
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do her informa Lam an	EET ADDRESS Y-ST-ZIP  LE ABE ABE ABE ABE ABE ABE ABE ADDRESS			ITLE IAME TREET ADDRESS SITY-ST-ZIP ITLE IAME STREET ADDRESS		hat my signature shall have the same lega	al effect a	Change  cr certify that is if made or	t the