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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

306547

(1)

Principal Place	STEVENS, INC.	Mailing Address 11111 SAN JOSE	BLVD						
STE 39	VILLE FL 3223	#39 Jacksonville fl 32223							
US	SILLE FE GEES	US	L 32223			3. Date Incorporated or Qualified 06/23/1966	3a. Da	e of Last F 06/22/	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		`	Applied For
21		26			59-1149349		├ +	Not Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П	•	5 Additional	
22 City 8 Ctota		27						 	Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip Country		Zip Country			This corporation has liability for			d to Fees	
24	25	29 30		,	Florida Statutes		Yes No		
	9. Name and Address of Curren					10. Name and Address of New F	legistered	Agent	
				81	Name				
	Y STUART S			82	Street Addr	ress (P.O. Box Number is Not Acceptate	ole)		
	SAN JOSE BLVD								
SUITE	: 39 Sonville fl 32223			83					
JAUN	SUNVILLE PL 32223			84	City		Fl	85 Z)	ip Code
11. Pursuant to or register familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida Statu la. Such change was author on 607.0505, Florida Statute	utes, the abo rized by the o es.	LL ove-na corpo	amed corpor oration's boar	ration submits this statement for the puriod of directors. I hereby accept the app	roose of ch	nanging its is registered	registered office d agent. I am
SIGNATURE _					CONTRACTOR TO STATE OF STATE OF	<u></u>			
12.	Signature, typed or printed name of registered agent of OFFICERS AND		NOTE: Registered	Agent	signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	O DIDECTO	NDC INI 10
TITLE	DPT OF TOLERS AND	RAT .		1. 1 TITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	LIPSKY,STUART S		1.2 N						
STREET ADDRESS	11111-39 SAN JOSE BLVD		1.3 S	TAEET	ADDRESS	,			
CITY-S1-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		- ZIP				
TITLE	DSV	☐ DELETE	2 1 TITLE					Change	☐ Addition
NAME	LIPSKY,BESSIE		22 N						
STREET ADORESS	11111-39 SAN JOSE BLVD				ADDRESS				
CITY-S1-ZIP	JACKSONVILLE FL D	☐ DELETE	2.4 CiTY-S		- ZIP			Chases	TT Addition
TITLE NAME	LIPSKY, BRUCE, M		3.1 TITLE 3.2 NAME					☐ Change	Addition
STREET ADDRESS	11111-39 SAN JOSE BLVD				ADDRESS				
CITY-S1-ZIP	JACKSONVILLE FL			iTY-ST	1				
THILE		☐ DELETE		4. 1 TITLE				☐ Change	☐ Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 S	TREET	ADDRESS .				
CITY-S1-ZIP			4.4 C	ITY-St	- ZIP				
THTLE		☐ DELETE	5. 1 T	ITLE				Change	□ Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-\$1-ZIP TITLE				4 CITY-ST-ZIP				☐ Change	☐ Addition
NAME .			6.1 I					☐ change	LT MORRION
STREET ADDRESS					ADDRESS .				
City-SI-ZiP				ITY-ST					
14. I do hereb	y certify that the information supplied v	vith this filing is voluntarily fu	mished and	does	not qualify for	or the exemption stated in Section 119	.07(3)(k), FI	orida Statu	tes. I further
oath; that l appears in	the information indicated on his armul I am an officer or director of the corpor Block 12 or Block 13 if changed, or o	arreport of supplemental ar ration of the ecceiver of trust in an attachment with an ad	riuai report l tee empowe dress.	red to	execute thi	ate and that my signature shall have the is report as required by Chapter 607, Fi	same lega orida Statu	remect as rites; and th	i made under at my name

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF BIONING OF FICER OR DIRECTOR

4/29/96 904-260-4100

3R2E034 (12/95