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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 326048

(6)

HOWARD B. STEVENS, INC.

FILED Apr 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3230 ST. JAMES DR. BOCA RATON FL 33434 BOCA RATON FL 3343434	
3. Date Incorporated or Qualified 3 02/05/1968	3a, Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-1206530	Applied For
Suite, Apt. #, etc.	Not Applicable \$8.75 Additional
[22] 27 City & State	Fee Required
28 Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation has liability for Inter	ngible tax under s. 199.032,
24 25 29 30 Florida Statutes Ye 9, Name and Address of Current Registered Agent 10, Name and Address of New Regist	es No tered Agent
FELLMAN, HOWARD J 81 Name	
6930 PALMETTO CIR. S. #202 82 Street Address (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33433	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of continue 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered of edge of 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 I militar with the corporation of t	
SIGNATURE Signature, typod or printed name of registers diagram and talk-ill propincable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS	S AND DIBECTORS IN 12
TITLE P 1.1 TITLE	Change Addition
NAME FELLMAN, EDWARD E 12 NAME FELLMAN, TOWARD E 12 NAME FELLMAN, TOWARD R 13 STREET ADDRESS 3230 ST. JAMES DR.	
STREET ADDRESS 3230 ST. MINES DR. CITY-ST-ZIP BOCA RATON FL 33433 14 CITY-ST-ZIP BOCA RATON , FL 334	Uz d
TITLE DELETE 21 TITLE	Change Addition
NAME 22 NAME	
STREET ADDRESS 23 STREET ADDRESS	
CITY-SI-ZIP 2.4 CITY-SI-ZIP	
TITLE DELETE 3.1 TIPLE	Change L. Addition
NAME 3.2 NAME	ľ
STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4 CHY-ST-ZIP	
CRY-ST-ZIP	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-2IP . 4.4.CITY-ST-7IP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME 6.2 NAME	
STREET ADDRESS GITY-SI-ZIP 6.3 STREET ADDRESS 6.4 CITY-SI-ZIP	
64CITY-SI-ZIP 14. I do hereby certify that the information surplied with his fifting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I formation indicated on this ting all paye the same legal effective and accurate and that my signature shall have the same legal effective.	orther certify that the

receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an attachment with an address.