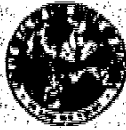


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 609107 (8)

1. Corporation Name

STEFFENS DEVELOPMENT CORPORATION

Principal Place of Business

4234 SE FAIRWAY EAST
STUART FL 34997
US

Mailing Address

4234S E FAIRWAY EAST
STUART FL 34997
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/07/1979

3a. Date of Last Report

04/28/1994

4. FEI Number

59-1885089

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 4271 S.W. BROOKSIDE DR.

Suite, Apt. #, etc.

22

City & State

23 PALM CITY, FL

Zip

24 34990

Country

25 US

2a. Mailing Address

26 4271 S.W. BROOKSIDE DR.

Suite, Apt. #, etc.

27

City & State

28 PALM CITY, FL

Zip

29 34990

Country

30 US

9. Name and Address of Current Registered Agent

STEFFENS, VIRGIL R
4234 SE FAIRWAY EAST
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4271 S.W. BROOKSIDE DR.

83

84 City

PALM CITY

FL

85 Zip Code

34990

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STEFFENS, VIRGIL R.
STREET ADDRESS	4234 SE FAIRWAY EAST
CITY - ST - ZIP	STUART FL
TITLE	DV
NAME	STEFFENS, JAMES K
STREET ADDRESS	1427 SW RUSTIC LANE
CITY - ST - ZIP	PALM CITY, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4271 S.W. BROOKSIDE DR.
1.4 CITY - ST - ZIP	PALM CITY FL 34990
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(3)(b), 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:

Virgil R. Steffens

VIRGIL R. STEFFENS

4-22-95 (407) 287-8436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type or Print)