

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90032 040 ***150.00

DOCUMENT # 675673 (8) *ok*
Corporation Name

7. STEPHEN ENTERPRISES, INC.

Principal Place of Business: P.O. BOX 16-4906
MIAMI, FL 33116-4906
Mailing Address: P.O. BOX 16-4906
MIAMI, FL 33116-4906
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 25 Country: 29

3. Date Incorporated or Qualified

06/09/1980

4. FEI Number

59-2880339

Applied For

Not Applicable

5. Certificate of Status Desired
☐\$8.75 Additional
Fee Required
6. Election Campaign Financing
☐\$5.00 May Be
Added to Fees
**8. This corporation owes the current year intangible
Personal Property Tax.**
☐

Yes

☐

No

10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent

MAZZAWI, CYNTHIA
5605 SW 84 AVENUE
MIAMI, FL 33143

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D STEPHEN, VICTOR 8400 SW 56 STREET MIAMI, FL	<input checked="" type="checkbox"/>	1.1 TITLE	
P/D MAZZAWI, CYNTHIA 5605 SW 84 AVENUE MIAMI, FL	<input type="checkbox"/>	1.2 NAME	
S/T MICHAELS, ANNETTE 10325 SW 103 STREET MIAMI, FL	<input type="checkbox"/>	1.3 STREET ADDRESS	
V CAZANAS, MICHELLE 8401 SW 107 AVENUE, APT 248E MIAMI, FL	<input type="checkbox"/>	1.4 CITY-ST-ZIP	
	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	2.2 NAME	
	<input type="checkbox"/>	2.3 STREET ADDRESS	
	<input type="checkbox"/>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	3.2 NAME	
	<input type="checkbox"/>	3.3 STREET ADDRESS	
	<input type="checkbox"/>	3.4 CITY-ST-ZIP	
	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	4.2 NAME	
	<input type="checkbox"/>	4.3 STREET ADDRESS	
	<input type="checkbox"/>	4.4 CITY-ST-ZIP	
	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	5.2 NAME	
	<input type="checkbox"/>	5.3 STREET ADDRESS	
	<input type="checkbox"/>	5.4 CITY-ST-ZIP	
	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>	6.2 NAME	
	<input type="checkbox"/>	6.3 STREET ADDRESS	
	<input type="checkbox"/>	6.4 CITY-ST-ZIP	

I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Annette Michaels, S/T 4/29/99 305-598-0356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2ED34 (11/98)