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FILI	E NOW: FILING	FEE AFTER	MAY 1 I	S \$22	25.00				
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT O : STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # F71489			(1)						
Corporation STEVE	n Name ENS, E., INC.		()						
Principal Place	of Business	Mailing	Address				- 1 1001190 4111 16401 41611 01004 1641	9 toki alam alam kil	AT DEBTE GEORE GEORE FOR
RT 2 BOX 224 LIVE OAK FL 32060 US US RT 2. BOX 224 LIVE OAK FL 32060 US									
							3. Date Incorporated or Qualified 03/18/1982	3a. Date of L 04/10	ast Report 0/1995
2. Principal Pla	ace of Business	2a. Ma 26	iling Address				4. FEI Number 59-2296609		Applied For Not Applicable
Suite, Apt.	#, etc		te Apt. #, etc				5. Certificate of Status Desired	1 1	8.75 Additional Fee Required
City & State	9		& State				Election Campaign Financing Trust Fund Contribution	\$	5.00 May Be Added to Fees
Zip 24	Country 25	Zip		30 Coc	ın y		8. This corporation has liability for Florida Statutes Yes		
•	g. Name and Address o	f Current Registere	d Agent		£1 Nam		10. Name and Address of New R	egistered Ager	nt
STEVENS, ELIZABETH 8130 SPARROW DR ORLANDO, FL					E2 Street Address (P.O. Box Number is Not Acceptable) E325				
32825	,				E4 City	1 VC	Cak	FL 85	7 Zip Code 32060
11. Pursuant t	to the provisions of Sections (ed agent, or both, in the State	607.0502 and 607.15 e of Florida Such cha	08, Florida Statute rige was authoriz	s, the abo ad by the d	L L vv -named cc:poration	corpora i's board	tion submits this statement for the pur of directors. Thereby accept the appo		g its registered office stered agent. I am
SIGNATURE	th, and accept the obligations	or. Section 607.0505	i, Florida Statutes						
12.	Signatine Typed or peoled name of eige OFFIC	ERS AND DIRECTOR		11 Registered	A end signation	Fig. Responsed a	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRI	ECTORS IN 12
TITLE	PVS		DELFTE	1.11	iti:	V.		Cri	
NAME	STEVENS, ELIZABETI	H		12 N	AME	Gu	y T. Kemp 28 5. Conway Rd. Jando, Fl. 92812		
STREET ADDRESS	RT 2 BOX 224 NA			1.3 \$	IREET ADDRES	s /ച്	38 5. Conway Rd.		
CITY-ST-ZIP	LIVE OAK FL				TY ST-ZIP	Or	lando, Fl. 327/2		
TITLE			☐ DELETE	2 1 1				☐ Ch	iange 🗌 Addition
NAME STREET ADDRESS				22 N	ame Freet Addres	c			
CITY-ST-ZIF					TY -ST-ZIP	1.3			
TITLE			DELFTE	3 1 T				☐ Ch	ange Addition
NAME				3.2 N	AME:				
STREET ADDRESS				33 \$	FR ET ADDRES	55			
CITY - ST - ZIP					IY ST-7-P				
TITLE			DELETE	4 1 T				Ch	ange
NAME CIRCLI ADODECC				4 2 N					
CITY - ST - ZIP					ireet addres Ty-ST-Zip	9			
TITLE			DELETE	5 1 T		-		Cn	ange
NAME				5.2 N/					
STREET ADDRESS					REET ADDRES	S			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and die as not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is rue 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 empowere I to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

5 4 CITY ST-ZIF

6.3 STREET ADDRESS 64 CITY ST-ZIP

6 1 HHz

6.2 NAM

22

23 24

CITY-ST-7IP

STREET ADDRESS

TITLE

SIGNATURE: Classical Staveno Elizabeth Stevens 4/23/90 904 244 Sole

DETEUE

☐ Change ☐ Addition