

F96000002126

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

400001778864  
-04/09/96--01050--004  
\*\*\*478.75 \*\*\*478.75

SUBJECT: STEVENS ASSOCIATES, INC.  
(Name of corporation - must include suffix)

W96-7651

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mark C. Stevens  
(Name of Person)

STEVENS ASSOCIATES, INC.  
(Firm/Company)

P.O. Box 381044  
(Address)

Murdock, FL 33938  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR 29 AM 10:01  
H/C  
4/29

Should you need to call someone concerning this matter, please call:

Mark C. Stevens at ( 941 ) 255-5131  
(Name of Person) (Area Code & Daytime Telephone Number)

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 9, 1996

MARK C. STEVENS  
STEVENS ASSOCIATES, INC.  
PO BOX 381044  
MURDOCK, FL 33938

SUBJECT: STEVENS ASSOCIATES, INC.  
Ref. Number: W96000007851

We have received your document for STEVENS ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Based upon information provided by the Florida Department of Revenue, pursuant to section 213.053(14), Florida Statutes, it appears that STEVENS ASSOCIATES, INC. has transacted business in Florida prior to submitting an "Application for Authority to Transact Business in Florida". The information received from the Florida Department of Revenue indicates January 1, 1984, as the initial date of transacting business in the State of Florida. Please contact this office concerning the date first transacted business in Florida.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$13,221.25.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business or conducting affairs in this state. If after reviewing this section you determine

erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business or conducting its affairs in Florida prior to the year the application was submitted did not constitute transacting business or conducting affairs pursuant to section 607.1501 or 617.1501, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers  
Document Examiner


Letter Number: 296A00016208

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Mark C. Stevens, do hereby certify that this Resolution of the Board of Directors of Stevens Associates, Inc. a corporation duly organized and existing under the laws of the State of New Jersey was duly adopted on April 22, 19 96.

Resolved, that STEVENS ASSOCIATES, INC., organized and existing in the State of NEW JERSEY, hereby adopts the name STEVENS ASSOCIATES, INC OF NEW JERSEY for use in Florida.

Dated: April 22, 1996

  
Signature of at least one director  
STEVENS ASSOCIATES, INC.  
President

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DIVISION OF CORPORATIONS  
APR 29 8:10:01

# AFFIDAVIT

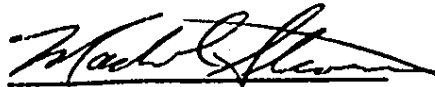
I, Mark C. Stevens, the President of Stevens Associates, Inc., submit the following:

1) The information contained in my application as a foreign corporation to operate in the State of Florida is correct. Stevens Associates, Inc. is a corporation registered with the State of New Jersey.

2) Stevens Associates, Inc did not conduct business pursuant to section 607.1501 of Florida statutes prior to the date on our application. The Florida Department of Revenue's records would indicate that we have been submitting a quarterly Sales & Use Tax Return since 1984, however, those records would also indicate that the total sales subject to tax was \$0.00.

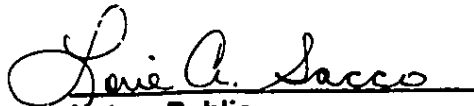
3) The Corporation moved to Port Charlotte, Florida on March 25th, 1996 and has expanded our operation by becoming a stocking distributor and may possibly begin light manufacturing/fabrication in the near future which would require us to be registered with the State of Florida pursuant to current statutes.

I hereby swear the above information is true and correct to the best of my knowledge.



Mark C. Stevens  
Stevens Associates, Inc.  
President

Subscribed and sworn before me this 24th day of April, 1996.



Notary Public  
My commission expires: \_\_\_\_\_



LORIE A. SACCO  
MY COMMISSION # CC403300 EXPIRES  
August 25, 1998  
BONDED THRU TROY FAIR INSURANCE, INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR 29 9:41 AM '96

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:*

1. STEVENS ASSOCIATES INC  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEW JERSEY 3. 22-1596303  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 2, 1956 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. March 25, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. Stevens Associates, Inc.  
P.O. Box 381044, Murdock, FL 33938  
(Current mailing address)
8. Distributor/Factory Rep Products: Molded Rubber & Plastics  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Mark C. Stevens

Office Address: 558 Springlake Blvd

Port Charlotte, Florida, 33952  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box, **NOT** acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: Mark C. Stevens

Address: 558 Springlake Boulevard  
Port Charlotte, FL 33952

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Mark C. Stevens

Address: 558 Springlake Blvd  
Port Charlotte, FL 33952

Vice President: Herbert G. Stevens

Address: 8750 Midnight Pass Road, Apt 301C  
Sarasota, FL 34242


Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARK C. STEVENS (President/Chairman)  
(Typed or printed name and capacity of person signing application)

NEW JERSEY SECRETARY OF STATE  
STEVENS ASSOCIATES INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY  
CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY  
OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON JULY 02, 1956

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW,  
SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS  
ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES  
BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE  
STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE,  
ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

345 RIVER ROAD

NEW MILFORD

NJ 07641

AND THE REGISTERED AGENT IS JUDITH DAY.

MAR. 27, 1996

*Donna R. Hooker*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR 29 10 01

