

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 08 1997 8:00am
Secretary of State

DOCUMENT # F96000006771 (7)

1. Corporation Name

M. STEPHENS MFG., INC.



Principal Place of Business
8420 S. ATLANTIC AVE
CUDAHY CA 90240 90201

Mailing Address
8420 S. ATLANTIC AVE
CUDAHY CA 90201-5810

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip
90201

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip
90201

Country

3. Date Incorporated or Qualified

12/24/1996

3a. Date of Last Report

4. FEI Number

95-1522970

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FRIEDMAN, SAMUEL W
STREET ADDRESS 8420 S. ATLANTIC AVE
CITY-ST-ZIP CUDAHY CA 90210

TITLE CFO
NAME FRIEDMAN, DAVID
STREET ADDRESS 8420 S. ATLANTIC AVE
CITY-ST-ZIP CUDAHY CA 90210

TITLE D
NAME HAVAS, SHEELA
STREET ADDRESS 8420 S. ATLANTIC AVE
CITY-ST-ZIP CUDAHY CA 90210

TITLE SD
NAME WITHEY, BEVERLY
STREET ADDRESS 8420 S. ATLANTIC AVE
CITY-ST-ZIP CUDAHY CA 90210

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 PRESIDENT
1.2 NAME DOUG KINNEY JR
1.3 STREET ADDRESS 8420 S. ATLANTIC AVE
1.4 CITY-ST-ZIP CUDAHY, CA 90201

2.1 TITLE VICE PRES / CFO
2.2 NAME BEVERLY J. WITHEY
2.3 STREET ADDRESS 8420 S ATLANTIC AVE
2.4 CITY-ST-ZIP CUDAHY, CA 90201

3.1 TITLE SECRETARY
3.2 NAME JAMES R BOHN
3.3 STREET ADDRESS 7777 WINN ROAD
3.4 CITY-ST-ZIP SPRING GROVE IL 60081

4.1 TITLE DIRECTOR
4.2 NAME LEE VINNARD
4.3 STREET ADDRESS 7777 WINN ROAD
4.4 CITY-ST-ZIP SPRING GROVE IL 60081

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature]

CR2E034 (9/96)