

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **G28362**

(3)

95 MAY -1 PM 3:24

1. Corporation Name

STEADMAN STAHL & ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**255 ALHAMBRA CIR
SUITE 550
CORAL GABLES FL 33134**

Mailing Address

**255 ALHAMBRA CIR
SUITE 550
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1983

3a. Date of Last Report

11/28/1994

4. FEI Number

59-2283987

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 obtained the appropriate tax status under
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2b. Mailing Address

26

Suite Apt # etc.

Suite Apt # etc.

22

27

City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STAHL JR., STEADMAN S.
% REGISTER & CO., P.A.
255 ALHAMBRA CIRCLE, STE 550
CORAL GABLES FL 33134**

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 of Agent or Registered Agent (If Agent is not the Registered Agent, the signature of the Registered Agent must be included.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PD
12.2 NAME	STAHL, STEADMAN S. JR.
12.3 STREET ADDRESS	255 ALHAMBRA CIRCLE, STE 550
12.4 CITY & STATE	CORAL GABLES FL
12.5 TITLE	T
12.6 NAME	REGISTER, DEBRA
12.7 STREET ADDRESS	255 ALHAMBRA CIRCLE, STE 550
12.8 CITY & STATE	CORAL GABLES FL
12.9 TITLE	S
12.10 NAME	STAHL, ANGELIQUE
12.11 STREET ADDRESS	255 ALHAMBRA CIRCLE, STE 550
12.12 CITY & STATE	CORAL GABLES FL
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY & STATE	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY & STATE	

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is so veridically furnished and does not qualify for the exemption stated in Section 607.0502, Florida Statutes. I further certify that the information designated 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. But I am an officer or director of the corporation, the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report only as required, but with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

011495

(000) 443-7000