

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90020 035 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J41850**

1. Corporation Name
STEPHEN LLOYD INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % STEPHEN LLOYD, 10473 LAKE VISTA CIR., BOCA RATON FL 33498-6743
 Mailing Address: % STEPHEN LLOYD, 10473 LAKE VISTA CIR., BOCA RATON FL 33498-6743

3. Date Incorporated or Qualified
11/13/1986

2. Principal Place of Business: 21 **STEPHEN LLOYD INC.**
 Suite, Apt. #, etc.: 22 **374 E. PALMETTO PK. RD.**
 City & State: 23 **BOCA RATON, FL.**
 Zip: 24 **33432** Country: 25 **USA**
 2a. Mailing Address: 26 **STEPHEN LLOYD INC.**
 Suite, Apt. #, etc.: 27 **374 E. PALMETTO PK. RD.**
 City & State: 28 **BOCA RATON, FL.**
 Zip: 29 **33432** Country: 30 **USA**

4. FEI Number: **58-1709853**
 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LLOYD, STEPHEN
 374 E PALMETTO PK RD
 BOCA RATON FL 33432

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: *Stephen Lloyd* **PRESIDENT** **7-8-99**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P
NAME: LLOYD, STEPHEN		1.2 NAME: LLOYD, STEPHEN
STREET ADDRESS: 10473 LAKE VISTA CIR.		1.3 STREET ADDRESS: 374 E. PALMETTO PK. RD.
CITY-ST-ZIP: BOCA RATON FL		1.4 CITY-ST-ZIP: BOCA RATON, FL. 33432
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE:
NAME:		2.2 NAME:
STREET ADDRESS:		2.3 STREET ADDRESS:
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:
NAME:		3.2 NAME:
STREET ADDRESS:		3.3 STREET ADDRESS:
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:

14. 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.

SIGNATURE: *Stephen Lloyd* **PRESIDENT** **7/8/99 (561) 368-0102**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)