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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 06 1997 8:00am

Secretary of State

ANDEK GIGLE GIGLE KIRLE KIRLE GIGLE GIGLE KREIGE GIGER GIGLE GIGLE GIGLE KIRLEGER VIE KIRLEGER I.

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K75776

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STEVE MCCARTHY, INC.

Principal Place of Business Mailing Address								f idelain eit iteat bill imbit idaib Beit diait aidit Albit ann etati alai isei			
807 SW 31ST TERRACE CAPE CORAL FL 33914				807 SW 31ST TERRACE CAPE CORAL FL 33914-4278							
								3. Date Incorporated or Qualifie 03/27/1989	1	ate of Last R 09/1996	Report
2. Principal Place of Business				2a, Mailing Address				4. FEI Number	<del> </del>	Ar	pplied For
21				26				<b>65-0114672</b> Not Applicable			
Suite, Apt. #, etc				Suite, Apt. #, etc.				Certificate of Status Desired     Section			
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23				28				Trust Fund Contribution Added to Fees			
<b>—</b>	Zip Country			Zip Country				8. This corporation has tiability for intangible tax under s. 199.032,			
24	9, Name and Address of Current			29 30				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
			it Hegis	terea Agent		81	Name	10. Name and Address of New	Hegistered	Agent	
	ARTHY, STEVEN	) <b>W.</b>				0,	Name				
807 SW 31ST TER CAPE CORAL FL 33914							Street Ad	odress (P.O. Box Number is Not Acceptable)			
****						В3		######################################		11-11-11-11-11-11-11-11-11-11-11-11-11-	
						84	City		p	<b>85</b> Zip	Code
				on 1500 51 11 01 11		<u> </u>		······	FL		<del> </del>
office or n agent I a SIGNATURE	egistored agent, or m familiar with, and	both, in the State diaccept the oblig	of Florionations of	da. Such change was f, Section 607,0505, F	s authorize Florida Sta	ed by tutes	the corpors,	rporation submits this statement for th ation's board of directors. I hereby ac	cept the ap	pointment as	registered
Stynalore, typicd or printed name of registered ago							nt signature rec		DATE	D DIDEOTO	50.01.40
12.	DPT	OFFICERS AN	D DIREC	DELETE	13.	ITL F	<del></del>	ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition
TITLE NAME	MCCARTHY, S	reven w		C) percir	1.11					Change	L Mudition
STREET ADORESS	807 SW 31ST				1.2 N		ADDRESS				
CITY-ST-ZIP	CAPE CORAL I						1				
TITLE	VSD	L 00011	*************	DELETE	2.1 7		T-ZIP			Change	Addition
NAME	FLOREY, BECK	Υ		had been	2.2 N					time on the second	<u> </u>
STREET ADDRESS	807 SW 31ST						ADDRESS				
CITY-ST-ZIP	CAPE CORAL I						ST - ZIP				
TITLE				☐ DELETE	3.1 T		21 2.11			☐ Change	Addition
NAME					3.2 N	AME					
STREET ADDRESS					3.3 9	TREET	ADDRESS		•		
CITY-ST-ZIF					3.4.	CITY - S	ST - ZIP				
TITLE			-,	☐ DELETE	4.13	TLE				Change	Addition
NAME:					4. 21	NAME					
STREET ADDRESS					4.3 5	TREET	ADDRESS				
CITY-ST-7IF					4.4 0	XIY-S	T-ZIP				
THILE				☐ DELETE	517					Change	Addition
NAME						IAME					
STREET ADDRESS					539	TREET	ADDRESS				
CITY-S1-7IP	,			T BELEVA			T-ZIP				
TITLE				☐ DELETE	6.11		,			Change	Addition
NAME	}					IAME					
STREET ADDRESS					638	TREET	ADDRESS				

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.