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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K92621

2621 (7)

JOSEPH STEVENS, INC.

FILED Apr 11 1997 8:00am Secretary of State



Principal Place of Business ** JOSEPH STEVENS 2929 CHELSEA WOODS VALRICO FL 33594		Mailing Ad	Mailing Address				(TEOSEXI DIS IBIIO (IBLO ALVIO LIBBA 146), BIBII BIBII AIDII AIDII AIDII AIDII AIDII AIDII AIDII			
		2929 CHEL	% JOSEPH STEVENS 2929 CHELSEA WOODS VALRICO FL 33594-5204							
TALMIOO TE S		VILINO I	2 00001 0201				3. Date Incorporated or Qualified 05/30/1989		ate of Last R /22/1996	teport
2. Principal P	Place of Business	26. Mailing	Address				4. FEI Number 59-2955796		J	pplied For ot Applicable
Suite, Apt.	#, etc	Suite, A	Apt. #, etc.			***************************************	5. Certificate of Status Desired			Additional equired
City & Stat	te	City 8	State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζιρ	Country	Zip		Cou	intry		8. This corporation has liability for	r intangible	e tax under s	
24	25	29		30			Florida Statutes	Yes		
	9. Name and Address of Curre	ent Hegistered A	gent		81	Name	10. Name and Address of New F	iegistered	Agent	
	EVENS, JOSEPH				6'	i ivairie				
	29 CHELSEA WOODS LRICO FL 33594					Street A	ddress (P.O. Box Number is Not Accept	able)		
100	.NICO PE 33384				83				·	
					84	City		FL	85 Zip	Code
11. Pursuant office or i agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obti	502 and 607.1508 te of Florida. Such gations of, Sectio	, Florida Statut i change was n 607.0505, Fi	tes, the al authorize orida Stal	bove d by tutes	e-named of the corpo	orporation submits this statement for the oration's board of directors. I hereby acc	purpose o	of changing if	ts registered registered
SIGNATURE	Signature, typical or printed name of registered a	igent and life if applicate	le (NO1	E Registere	d Age	ent signature re	equired when reinstating)	DATE		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOF	RS IN 12
TITLE	D		DELETE	1,1 Tr	ΊL€				Change	Addition
NAME	STEVENS, JOSEPH			1.2 N		İ				
STREET ADDRESS	2929 CHELSEA WOODS					ADDRESS				
CITY-ST-ZIP TITLE	VALRICO FL		DELETE	1.4 CI 2.1 TI		IT-ZIP			Change	Addition
NAME			OLCCIL.	2.7 N		ļ			مهاندان لي	radiion
STREET ADDRESS						ADORESS				
CITY: ST: 7IP				2 4 0	IIY-8	ST-ZIP				
TITLE			DELETE	31]	TLE				Change	Addition
NAME				32 N	AME.	Ì				
STREET ADORESS				3.3 S	TAEET	ADDRESS				
CITY-ST-7/P	74.44		DELETE			ST-ZIP			Change	Addition
14TLE NAME				4.1 TI 4. 2 N					LI GHANGE	CT VOSIGOR
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	5.1 T(Change	Addition
NAME				5.2 N	AME	ļ				
STREET ADDRESS			•	5.3 S	TREET	ADDRESS				
CHY-ST-Zir				5.4 0	ITY-S	ST-ZIP				
TITLE			DELETE	6.1 Ti	TLE				Change	Addition
NAME				6.2 N	AME	-				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6.4 C	ITY-S	T-ZIP				

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

MATURE AND THE OF PRINTED NAME OF STONING OFFICER OR DIRECTOR

Stevens

4/6/97 (813) 681-9900