FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L81926 (2)

1. Corporation Name

STEVENSON & ASSOCIATES, INC.

Principal Place of Business
~~C/O FLORIDA REGISTERED AGENTS, INC.~~
~~100 SE 2 ST #3000~~
~~MIAMI FL 33131~~
~~US~~

Mailing Address
~~C/O FLORIDA REGISTERED AGENTS, INC~~
~~100 SOUTHEAST 2ND STREET, #3000~~
~~MIAMI FL 33313~~
~~US~~

3. Date Incorporated or Qualified: 06/18/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 19425 W. Lake Dr.	26 19425 W. Lake Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Lakes, Florida	City & State 28 Miami Lakes, Florida
Zip 24 33166 · Country 25 U.S.	Zip 29 33166 · Country 30 U.S.

4. FEI Number: 65-0211866 ☐ 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

~~FLORIDA REGISTERED AGENTS INC.~~
~~100 SOUTHEAST 2ND ST., #3000~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: AZ Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive
83 Suite 1600
84 City: Miami 85 FL Zip Code 33133

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 AZ Registered Agent Corporation By: Arnold M. [signature] Arnold M. Sarrell Vice President
Signature, typed or printed name of registered agent and title if applicable (Signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS
TITLE	D
NAME	STEVENSON, DAVID A.
STREET ADDRESS	19425 W. LAKE DR.
CITY ST ZIP	MIAMI LAKES FL
TITLE	D
NAME	STEVENSON, BARBARA
STREET ADDRESS	19425 W LAKE DR
CITY ST ZIP	MIAMI LAKES FL
TITLE	S
NAME	STEVENSON, REBECCA
STREET ADDRESS	19425 W. LAKE DR.
CITY ST ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] David A. Stevenson — 3/22/95 — 829 7640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0131200 CP