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FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L81926

(2)

1. Corporation Name

STEVENSON & ASSOCIATES, INC.

Principal Place of Business

19425 W. LAKE DRIVE
100-32-2-37-53000
MIAMI LAKES FL 33015
US

Mailing Address

19425 W. LAKE DRIVE
100-32-2-37-53000
MIAMI LAKES FL 33015-2244
US

3. Date Incorporated or Qualified
06/18/1990

3a. Date of Last Report
05/01/1996

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

2. Principal Place of Business

21 19425 W. LAKE DR.

Suite, Apt. #, etc.

22 City & State

23 MIAMI LAKES, FL.

Zip

Country

24 33015

25 US

2a. Mailing Address

26 19425 W. LAKE DR.

Suite, Apt. #, etc.

27 City & State

28 MIAMI LAKES, FL.

Zip

Country

29 33015

30 U.S.

9. Name and Address of Current Registered Agent

AZ REGISTERED AGENT CORPORATION
2801 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 and type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D STEVENSON, DAVID A.

STREET ADDRESS 19425 W. LAKE DR.

CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE

NAME D STEVENSON, BARBARA

STREET ADDRESS 19425 W LAKE DR

CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE

NAME S STEVENSON-DOUGLAS, REBECCA

STREET ADDRESS 19425 W. LAKE DR.

CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-97 30-705-7043

Date

Daytime Phone #

CR2E034 (9/96)