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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90231 049 ***150.00



Applied For

Not Applicable

DOCUMENT # L9720 0	L97200	# [JMENT	DOCL

1. Corporation Name

STEPHENSON MERCHANDISING & MARKETING INC.

	_
Principal Place of Business	
4715 NW 157TH STREET	
STE #211	
MIAMI FL 33014	
US	

2. Principal Place of Business

Mailing Address

2a. Mailing Address

4715 NW 157TH STREET STE #211 MIAMI FL 33014

US

	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

08/31/1990 FEI Number

65-0230326

<u> </u>	- <u>/0 · · · / · · · / · · · / · · · · / ·</u>				AO 75			
Suite, Apt.	#, etc. + # 3/4	Suite, Apt. #, etc. 27 Suite # 3/	4	5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be			
23 Miau	111 5	28 Migui Lak	es. A	Trust Fund Contribution	Added to Fees			
Zip	Country	Zĺp	Country	8. This corporation owes the curr	ent year Intangible			
24 330/	6 25 U.S.	29 3 30/6 30	U.5.	Personal Property Tax.	☐ Yes 🕽 No			
24 00-1	9. Name and Address of Current		 	10. Name and Address of New I	Registered Agent			
	81 Name							
STER	PHENSON, DINAH S.			(D.O. D. Almaharia Nat Assault	-140)			
- 4715	NW 157TH STREET		82 Street Add	ress (P.O. Box Number is Not Accepted Pairway Dave	able)			
STE	#211		83	1 # a				
MIAN	ALFL 33014		Juit	le 11 Ali				
			84 City	efield beach	FL 85 Zip Code 3344/			
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the	purpose of changing its registered			
office or r	egistered agent, or both, in the State of partitions with, and accept the obligation	r Florida. Such change was auth	onzed by the corporati	on's board of directors. I hereby acce	pt the appointment as registered			
agent. I a	m amiliar with, and accept the obligant	J'S CONTROL OF THE PROPERTY OF			4/15/99			
SIGNATURE	Signature, typed or printed name of registered agent	and true if applicable. (NOTF: Rev	TENNEUSA gistered Agent signature require	ed when reinstating)	DATE			
12.	OFFICERS AND	/	13.		FICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE	1,1 TITLE		Change Addition			
NAME	STEPHENSON, DWIGHT	_	1,2 NAME		~ / **			
1	4715 NW 157TH STREET: #211	_	1.3 STREET ADDRESS	15476 N.W. 77M	COUST, ASIY			
STREET ADDRESS	-MIAMI FL		1.4 CITY-ST-ZIP	Miami Caker FT	33016			
CITY-ST-ZIP	DTSV	☐ DELETE	2.1 TITLE		Change Addition			
NAME	STEPHENSON, DINAH S.		2.2 NAME	15476 N.W. 77th Miami Cakes, FC 15476 N.W. 77th Miami Lakes, FC	- A A A			
STREET ADDRESS	4745 NW-157TH STREET: #211		2.3 STREET ADDRESS	5476 N.W. 7776	ourt # SIY			
	-MIAMI FL-		2.4 CITY-ST-ZIP	Minus Lakee El	370/6			
CITY-ST-ZIP	- INDAME I E	☐ DELETE	3.1 TITLE	market Cares / / c	Change Addition			
1			3.2 NAME		_			
NAME			3.3 STREET ADDRESS		1			
STREET ADDRESS	,							
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition			
TITLE	,		4. 2 NAME					
NAME								
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-ST-ZIP		Change Addition			
TITLE		☐ Nereie	5.1 TITLE 5.2 NAME					
NAME	<u> </u>				<u>[</u>			
STREET ADDRESS			5.3 STREET ADDRESS		ľ			
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change Addition			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME			6.2 NAME		j			
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP		F			

4. 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED GAME OF SIGNING OFFICER OF DIRECTOR Date Date Dayling Phone 9