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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 05, 1999 8:00 am Secretary of State 05-05-1999 90116 045 ***150.00

Applied For

□No

Zip Code

85

Not Applicable

1999

DOCUMENT # M84186 1. Corporation Name

STE-VEND, INC.

Mailing Address Principal Place of Business % STEPHEN NYGARD % STEPHEN NYGARD 12107 LANDING WAY 12107 LANDING WAY DO NOT WRITE IN THIS SPACE COOPER CITY FL 33026 COOPER CITY FL 33026 3. Date Incorporated or Qualifed 06/07/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0054503 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees -Trust Fund Contribution Country 8. This corporation owes the current year Intangible Country Zip Zip ☐ Yes 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent NYGARD, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 82 12107 LANDING WAY COOPER CITY FL 33026 83

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

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City

| agent. I a | egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Florid | da Statutes. | | ., | |
|----------------|---|--------------------------------|---------------------------|----------|------------|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable (NOTE: F | Registered Agent signature req | | DATE | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI | | |
| TITLE | D DELETE | 1.1 TITLE | | Change | ☐ Addition |
| NAME | NYGARD, STEPHEN | 1.2 NAME | | | ļ |
| STREET ADDRESS | 12107 LANDING WAY | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | COOPER CITY FL | 1.4 CITY-ST-ZIP | | <u> </u> | |
| TITLE | ☐ DELETE | 2.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | 2.2 NAME | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | | Change | ☐ Addition |
| NAME | | 3.2 NAME | _ | | ļ |
| STREET ADDRÉSS | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | · | 3.4. CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 4.1 TITLE | | Change | Addition |
| NAME | | 4.2 NAME | • | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | ☐ Change | Addition |
| NAME | | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | مسترم | _ |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | | |
| NAME | | 6.2 NAME | | ** | |
| STREET ADORESS | | 6.3 STREET ADDRESS | Y *** | | |
| | | | \ | | |

14. 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; Block 12 or Block 13 if changed, or por an attachment with an address, with all other like empowered.

SIGNATURE: