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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024761 (7)

STEVENSON DESIGN AND DEVELOPMENT OF JACKSONVILLE . INC.

Mailing Address Principal Place of Business 8824 SAN JOSE BLVD C/O JEFFREY CHEFAN JACKSONVILLE FL 32217 8767 GOODBY'S COVE DR. JACKSONVILLE FL 32217-8340 3a. Date of Last Report 3. Date Incorporated or Qualified 04/05/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3179652 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country  $Z_{\rm ID}$ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHEFAN, JEFFREY 8767 GOODBY'S COVE DR. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 83 City 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. Sharahire, typed or pentian came of registered agent and little if applicable (NO1E: Angistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 Addition DELETE 1.1 TITLE Change TITLE CHEFAN, JEFFREY NAME 1.2 NAME 8767 GOODBYS COVE DR 1.3 STREET ADDRESS STREET ADORESS JACKSONVILLE FL CITY - ST - ZIF 1.4 CITY-ST-ZIP Change DELETE Addition 21 TITLE TITLE NAMI 2.2 NAME STREET ACORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-20P City - St - ZiP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME: STREET ADDRESS 3.3 STREET ADDRESS

14. If 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 addicated 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 Blo

3.4 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 City-St-ZiP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 1 TITLE

4 2 NAME

51 TITLE 52 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

City - \$1 - 7IP

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CITY ST-ZIP

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FILED

Feb 05 1997 8:00am

Secretary of State

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