PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000039801

1. Corporation Name

STEVEN ALAN ASSOCIATES, INC.

Principal Place of B	Business
2027 SHERMAN STR	FFT

HOLLYWOOD FL 33020

Mailing Address

2027 SHERMAN STREET HOLLYWOOD FL 33020

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90117 028 \*\*\*150.00



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US		UO			201101 111112 11			
					3. Date Incorporated or Qualifed 06/01/1993			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	=	Applied For	
	N.W. 27th Avenue	26 14851 N.W. 27	th Av		65-0415956		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		5. Certifcate of Status Desired	<b>T</b>	<b>5</b> Additional Required	
City & State City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees						
	ocka, FL	28 Opa Locka, FL	Country		Trust Fund Contribution		ea to 1 ccs	
Zip	Country	1	ר ר		This corporation owes the current y     Personal Property Tax.	Yes ☐	□No	
24 33054	25 US	29 33054 30	LUS_	·····	10. Name and Address of New Regis			
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Negro	tereu Agern	_	
STAN	NLEY, STEVEN A		"		·			
2027	SHERMAN STREET		82	82 Street Address (P.O. Box Number is Not Acceptable)				
HOLI	LYWOOD FL 33020		83	83				
			84	City		FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes.	the above	e-named cor	rporation submits this statement for the purp	ose of changing	its registered	
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth- ions of, Section 607.0505, Florida	orized by Statutes	the corporat	tion's board of directors. I hereby accept the	appointment as	s registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Rev	gistered Age	nt signature regui	ired when reinstating)	ATE .		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 12	
TITLE	PVTS	DELETE	1.1 TITLE			Chan	ge Addition	
NAME	STANLEY, STEVEN A	_	1.2 NAME			•		
STREET ADDRESS	2027 SHERMAN STREET			T ADDRESS	•	•		
	HOLLYWOOD FL 33020		1.4 CiTY-S	i				
CITY-ST-ZIP	HOLETWOOD IE GODES		2.1 TITLE	1-21	<del></del>	Chan	nge Addition	
			2.2 NAME		•	:	• –	
NAME	, sa wanda waka ka wa ka ka	والوداء والمستخف فالمادوا المتعود والدر		Taddress		وف ۾ فيار به عمليه	- 1 - L	
STREET ADDRESS					•			
CITY-ST-ZIP			2. 4 CITY+5 3.1 TITLE	ST-ZIP	<del></del>	☐ Chan	ge Addition	
TITLE		□ pere≀e				, , ,	90 🗀 : ======	
NAME			3.2 NAME		•	27	1	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		√ Chan	nge Maddition	
TITLE	,	☐ DELETE	4.1 TITLE			∐ Chan	ige LI Addition	
NAME	<i>:</i>	•	4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		DELETE	5.1 TITLE	)	•	Chan	ige 🗌 Addition	
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREE	TADDRESS			J	
CITY-ST-ZIP			5.4 CITY-S	iT-ZIP				
TITLE	A CONTRACT OF THE CONTRACT OF	☐ DELETE	6.1 TITLE			☐ Chan	ge Addition	
NAME			6.2 NAME			•		
STREET ADDRESS	ELS BERTHE		6.3 STREE	TADDRESS		•	}	
	: ' #		6.4 CITY-S					
CITY-ST-ZIP								

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. 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: