

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:14

DOCUMENT # P93000086400 (7)

1. Corporation Name
STEFECO INDUSTRIES, INC.

Principal Place of Business
**1775 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821**

Mailing Address
**1775 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1994** 3a. Date of Last Report

4. FEI Number **59-3218621** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26 **P.O. Box 490005**

22 Suite, Apt #, etc 27 Suite, Apt #, etc 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 **MIAMI, FL** 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 **33149-0005** 30 **DA DE** 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ALLEGRE, MARC
365 WESTWOOD DR.
MIAMI FL 33149**

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) (Typed Name) (Registered Office) (Registered Agent) (Registered Agent Signature) (Registered Agent Name)

(Signature) (Typed Name) (Registered Office) (Registered Agent) (Registered Agent Signature) (Registered Agent Name)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP ALLEGRE, MARC 365 WESTWOOD DRIVE MIAMI FL 33149
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BOETTCHER, STEVE E P.O. BOX 12616 (N/A) GREEN BAY WI 54307-2616
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D MINGUEZ, PATRICE 1775 CENTRAL FLORIDA PKWY ORLANDO FL 32821
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), Florida Statutes. I further certify that the information included in 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 applicable), or on an attachment with an address.

SIGNATURE: **PATRICE MINGUEZ** 2/15/95 (407) 8564332
Typed Name (Signature) (Date) (Phone Number)