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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000019226 (7)

STEPHEN MICHAEL, INC.

| Principal Place of Business Mailing Address |  |  |                          |                                 |                      |                 |                  |  | CANCIDAL SIR IRIS            | . BIBIL BBILL BB              | ()) <b>VE</b> (() <b>V</b> ( | #1#1 FIELE 11 | ) 10 B 11 B 10 11 B 10    | Bili fB#I                   |
|---|--|--|--------------------------|---------------------------------|----------------------|-----------------|------------------|--|------------------------------|-------------------------------|------------------------------|---------------|---------------------------|-----------------------------|
| 840 E. OAK PAI<br>SUITE 115<br>OAKLAND PARK |  | 840 E. QAK PARK BLVD.<br>SUITE 115<br>OAKLAND PARK FL 33334  |                          |                                 |                      |                 |                  |  |                              |                               |                              |               |                           |                             |
|   | _  |  |                          |                                 |                      |                 |                  | 03   | ate Incorpora<br>3/04/1994   | ated or Qua                   | lified                       |               | te of Last P<br>4/1996    | Report                      |
| 2. Principal Place of Business              |  |  | 28. Mailing Address      |                                 |                      |                 |                  |  | 4. FEI Number                |                               |                              |               | A                         | oplied For                  |
| 21  |  |  | 26                       |                                 |                      |                 |                  | t  | 65-0477459                   |                               |                              |               |                           | ot Applicable               |
| Suite, Apt. #, etc.                         |  |  | Suite, Apt. #, etc.      |                                 |                      |                 |                  | <b>5</b> . C                                       | Certificate of S             | Status Desir                  | ed                           |               | , ,                       | Additional                  |
| 22 City & State                             |  | 2  | <del></del>              | Stato                           |                      |                 |                  |  |                              |                               |                              |               |                           | equired                     |
| 23  |  |  | City & State             |                                 |                      |                 |                  | 1  | lection Camp<br>rust Fund Co | -                             | ang                          |               |                           | May Be<br>to Fees           |
|   | Zip Country  |  | Zip                      |                                 | Country              |                 |                  |  |                              |                               | lity for in                  |               |                           |                             |
| 24 25                                       |  |  | 29                       |                                 | 30                   |                 |                  | 8. This corporation has liability for intangible t |                              |                               |                              | No 199.032,   |                           |                             |
|   |  | dress of Current Reg   | <del></del>              | gent                            |                      | T               |                  |  | lame and Ac                  |                               |                              |               | _1                        |                             |
| BASS  | S, MICHAEL R   |  |                          |                                 |                      | 81              | Name             |  | ·                            |                               |                              |               |                           |                             |
| 840 l                                       | E OAK PARK BLV                                       | D 115  |                          |                                 |                      | 82              | Street Ad        | ddross (P.C  | D. Box Numbi                 | or is Not Ac                  | centable                     | ۵)            |                           |                             |
| OAK   | LAND PARK FL 33                                      | 334  |                          |                                 |                      |                 | Olloot Al        | J. 1) ECOIDS                                       | Z. DOK TYGITIEZ              | or is receive                 | Soptable                     | 5)            |                           |                             |
|   |  |  |                          |                                 |                      | 83              |                  |  |                              |                               |                              |               |                           |                             |
|   |  |  |                          |                                 |                      | 84              | Cily             |  |                              |                               |                              | FL            | <b>85</b> Zip             | Code                        |
| office or r                                 | registered agent, or l                               | Sections 607.0502 and<br>both, in the State of Fic   | orida. Suct              | i change was                    | authoriz             | ed by           | the corpor       | orporation<br>oration's bo                         | submits this and of director | statement fo<br>ors. I hereby | or the pu                    | urpose of     | changing i<br>ointment as | ts registered<br>registered |
| agent. I a                                  | _  | accept the obligations   | ·                        |                                 |                      |                 |                  |  |                              |                               |                              |               |                           |                             |
|   | Signature, typed or printed                          | name of regulated agent and  |                          | le (NO                          |                      |                 | at signature rec | equired when re                                    |                              | IANOCO TO                     | OF ELO                       | DATE          | DIDECTO                   | DC IN 40                    |
| 12.   | D  | OFFICERS AND DIF   | ILCTORS_                 | DELETE                          | 13                   | TITLE           |                  | AL   | DDITIONS/CH                  | IANGES TO                     | OFFICE                       | EHS AINL      | Change                    | Addition                    |
| NAME  | DIANA FOX BEN  | SON  |                          | C) been                         |                      |                 |                  |  |                              |                               |                              |               | unange                    | L.J Auditor                 |
|   |  | K BLVD SUITE 115   |                          |                                 |                      | NAME            | ADDDCCO.         |  |                              |                               |                              |               |                           |                             |
| STREET ADDRESS                              | OAKLAND PARK   |  |                          |                                 |                      |                 | ADDRESS          |  |                              |                               |                              |               |                           |                             |
| CITY-ST-ZIP<br>TITLE                        | 0,0,0  |  |                          | DELETE                          |                      | CITY-S<br>TITLE | 1-21             |  |                              |                               |                              |               | Change                    | Addition                    |
| NAME  |  |  |                          |                                 |                      | NAME            |                  |  |                              |                               |                              |               |                           |                             |
| STREET ADDRESS                              |  |  |                          |                                 |                      |                 | ADDRESS          |  |                              |                               |                              |               |                           |                             |
| CITY-ST-ZIP                                 |  |  |                          |                                 |                      | CITY !          | - 1              |  |                              |                               |                              |               |                           |                             |
| TITLE                                       | <u> </u>   |  |                          | DELETE                          |                      | 111LF           | 71-20            |  |                              |                               |                              |               | Change                    | Addition                    |
| NAME  |  |  |                          |                                 |                      | NAM£            |                  |  |                              |                               |                              |               | Ť                         |                             |
| STREET ADDRESS                              |  |  |                          |                                 |                      |                 | ADDRESS          |  |                              |                               |                              |               |                           |                             |
| CITY-ST-ZIP                                 |  |  |                          |                                 |                      | CITY-S          |                  |  |                              |                               |                              |               |                           |                             |
| TITLE                                       |  | <u>-</u> -   |                          | DELETE                          |                      | 111LE           |                  |  |                              | <del></del>                   |                              |               | Change                    | Addition                    |
| NAME  |  |  |                          |                                 | 4.2                  | NAME            |                  |  |                              |                               |                              |               |                           |                             |
| STREET ADDRESS                              | ĺ  |  |                          |                                 | 4.3                  | STREET          | ADDRESS          |  |                              |                               |                              |               |                           |                             |
| CITY-ST-ZIP                                 |  |  | <del>_</del>             |                                 | 4.4                  | CITY-S          | 1-ZIP            |  |                              |                               |                              |               |                           |                             |
| TITLE                                       |  |  |                          | DELETE                          | 5 1                  | TOLE            |                  |  |                              |                               |                              |               | Change                    | Addition                    |
| NAME  |  |  |                          |                                 | 5.2                  | NAME            |                  |  |                              |                               |                              |               |                           |                             |
| STREET ADDRESS                              |  |  |                          |                                 | 5.3                  | STREET          | ADDRESS          |  |                              |                               |                              |               |                           |                             |
| CITY-ST-ZIP                                 |  |  |                          |                                 | 5.4                  | CHY-S           | 1-ZIP            |  |                              |                               |                              |               |                           |                             |
| TITLE                                       |  |  |                          | DELETE                          | 61                   | TITLE           |                  |  |                              |                               |                              |               | ☐ Change                  | Addition Addition           |
| NAME  |  |  |                          |                                 | 6.2                  | NAME            |                  |  |                              |                               |                              |               |                           |                             |
| STREET ADDRESS                              |  |  |                          |                                 | 6.3                  | STREFT          | ADDRESS          |  |                              |                               |                              |               |                           |                             |
| CITY-ST-ZIP                                 |  | <del></del>  | <del></del>              | - <del></del> -                 |                      | CITY - S        |                  |  |                              |                               |                              |               |                           |                             |
| information in an o                         | on Indicated on this a<br>officer or director of the | ormation supplied with<br>annual report or suppli<br>he corporation or the r<br>13 if changed, or on a | emental an<br>eceiver or | inual report is<br>trustee empo | true and<br>wered to | accu            | irate and th     | hat my sigr  | nature shall h               | ave the san                   | ne legal                     | effect as     | s if made ur              | nder oath; the              |
| appears                                     | III DIDOK 12 OI DIDOK                                | TO IT OHANGED, OF ON 8   | ii anachm                | on with an at                   | icii ess.            |                 |                  |  | II                           | 1 1                           |                              | . ``          |                           |                             |