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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **P94000084015 (4)** 

CTEVE DEWEL & ACCOMINED INC.

STEVE DEWEL & ASSOCIATES, INC.								
Principal Place of Business	Mailing Address							
4350 LAFAYETTE AVENUE SEBRING FL 33872	4350 LAFAYETTE AVENUE SERRING FL 33972							



								3. Date Incorpor 11/14/19	rated or Qualife	ied 3a.	Date of Last 02/10/1	Report <b>995</b>
1	ace of Business	2a.	. Mailing Address					4. FEI Number		· · · · · · · · · · · · · · · · · · ·	<u> </u>	Applied For
1		26		- <del></del>				65 053	7814			Not Applicat
Suite, Apt : 2	#, etc	27	Suite, Apt. #, etc.					5. Certificate of	Status Desired	, D		'5 Additional Required
Oity & State	,		City & State					6. Election Cam	paign Financin	ıg		00 May Be
·		28						Trust Fund Co		~ <u>~</u>	Add	led to Fees
Zφ.	Country		Zip		Country	,		<ol><li>This corporati</li></ol>	on has liability	for intangit		
]	25	29		30	· · · · · · · · · · · · · · · · · · ·			Florida Statute	es 🗆	Yes 🔲 N	0	
	9. Name and Address of Curre	ent Regis	tered Agent					0. Name and A	ddress of Ne	w Registe	red Agent	
ne ve	IOARE				81	Nan	ne					
	ISABEL				82	Stre	et Address	(P.O. Box Number	er is Not Acce	otable)		
	AFAYETTE AVENUE									,		
SEBRIN	G FL 33872				83							
					84	City						
	e the provisions of Sections 607.050 to agent, or both, in the State of Flo					City				1	F     ***	Zip Code
IGNATURE 2.	Signature, typed or pointed name of registered age.				· · · · · · · · ·	it signat.	are required when			DA	· ·	
<b>د.</b> الل	OFFICERS AF	ND DIREC			13.			ADDITIONS/C	HANGES TO	OFFICERS	· · · · · · · · · · · · · · · · · · ·	
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1. For nevery certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

VI OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.18.96 (94) 382.4642