

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

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000084015 (4)

1. Corporation Name

STEVE DEWEL & ASSOCIATES, INC.



Principal Place of Business

4350 LAFAYETTE AVENUE  
SEBRING FL 33872

Mailing Address

4350 LAFAYETTE AVENUE  
SEBRING FL 33872-5215

3. Date Incorporated or Qualified  
11/14/1994

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business

21 3605 Creekside Dr.

Suite, Apt. #, etc.

22 City & State

23 Sebring, FL

Zip

24 33872

Country

25 Highlands

2a. Mailing Address

26 3605 Creekside Dr.

Suite, Apt. #, etc.

27 City & State

28 Sebring, FL

Zip

29 33872

Country

30 Highlands

4. FEI Number

65-0537814

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DEWEL, ISABEL  
4350 LAFAYETTE AVENUE  
SEBRING FL 33872

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
3605 Creekside Dr.

83

84 City  
Sebring

FL

85 Zip Code  
33872

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 607.0509, Florida Statutes.

SIGNATURE

ISABEL DEWEL

Isabel Dewel

1-24-97

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DEWEL, STEVE	<input type="checkbox"/> DELETE
NAME		DEWEL, STEVE	
STREET ADDRESS		4350 LAFAYETTE AVE	
CITY - ST - ZIP		SEBRING FL	
TITLE	VP	DEWEL, STEVE	<input type="checkbox"/> DELETE
NAME		DEWEL, STEVE	
STREET ADDRESS		4350 LAFAYETTE AVE	
CITY - ST - ZIP		SEBRING FL	
TITLE	ST	DEWEL, STEVE	<input type="checkbox"/> DELETE
NAME		DEWEL, STEVE	
STREET ADDRESS		4350 LAFAYETTE AVE	
CITY - ST - ZIP		SEBRING FL	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3605 Creekside Dr.
1.4 CITY - ST - ZIP	Sebring, FL 33872
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3605 Creekside Dr.
2.4 CITY - ST - ZIP	Sebring, FL 33872
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3605 Creekside Dr.
3.4 CITY - ST - ZIP	Sebring, FL 33872
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 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: STEVE DEWEL

Steve Dewel

1-24-97

(941) 382-4642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

0004915

CR2E034 (9/96)