

NOTICE: CL JHAI I WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

FILED

97 APR 11 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000037483 (1)**
1. Corporation Name **STEVE & ANITA, INC.**

REINSTATEMENT 96-97

Principal Place of Business:

22783 SOUTH STATE ROAD 7, STE. 128
BOCA RATON FL 33428

Mailing Address:

22783 SOUTH STATE ROAD 7, STE. 128
BOCA RATON FL 33428

3. Date Incorporated or Qualified 05/11/1995	3a. Date of Last Report
4. FEI Number 65-0637554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	26. Suite, Apt. #, etc. #22
21. 11401 A West	27. City & State Boca Raton FL
22. Palmetto Rd.	28. Zip 33428
23. Boca Raton, FL	29. Country USA
24. 33428	30. Country USA

9. Name and Address of Current Registered Agent
MCNEIL, ANITA R
21091 Windemere Ln
BOCA RATON FL 33428

81. Name McNeil, Anita	85. Zip Code 33428
82. Street Address (P.O. Box Number is Not Acceptable) 21091 Windemere Lane	
83.	
84. City Boca Raton	85. Zip Code 33428

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: **Anita McNeil (Pres)** **Anita McNeil** **10/29/96**
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME MCNEIL, ANITA R	
STREET ADDRESS 21091 Windemere Ln	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE D	<input type="checkbox"/> DELETE
NAME MCNEIL, STEVE A	
STREET ADDRESS 21091 Windemere Ln	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE D	<input type="checkbox"/> DELETE
NAME 21091 Windemere Ln	
STREET ADDRESS Boca Raton FL 33428	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE D	<input type="checkbox"/> DELETE
NAME 21091 Windemere Ln	
STREET ADDRESS Boca Raton FL 33428	
CITY-ST-ZIP BOCA RATON FL 33428	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE MCNEIL, ANITA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 11401 A West Palmetto	
1.3 STREET ADDRESS Park Road	
1.4 CITY-ST-ZIP Boca Raton, FL 33428	
2.1 TITLE MCNEIL, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 11401 A W. Palmetto Park Rd	
2.3 STREET ADDRESS Boca Raton, FL 33428	
2.4 CITY-ST-ZIP BOCA RATON, FL 33428	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Anita McNeil** **10/29/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone