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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P95000048770 (8)

STEPLER ASSOCIATES, INC.

Principa! Place of Business Mailing Address 3596 FLORIAN TERRACE 3596 FLORIAN TERRACE PALM HARBOR FL 34685 PALM HARBOR FL 34685-2683 3. Date Incorporated or Qualified 3a. Date of Last Report 06/22/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3322738 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zφ Zip This corporation has liability for intangible tax under s. 199.032. ☐ Yes ■No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Name HAUL STEPLER
Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENTUE 82 CORAL GABLES FL 3313 FLORIAN TERRACE 63 84 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, agent. I am familiar with folh, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. (96/6) PD DELETE Change Addition 1.1 TITLE TITLE STEPLER, PAUL S NAME 1.2 NAME 3596 FLORIAN TERRACE 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 1.4 CITY-ST-ZIP CHTY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE STEPLER, ROSEMARY 2.2 NAME NAME 3596 FLORIAN TERRACE STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL 34685 2. 4 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 3.1 TITLE THE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition 4.1 TITLE THLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TiTLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6 1 TITLE THLE 62 NAME NAME 6.3 STREET ADDRESS 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 of 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 of the corporation of the co