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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000051894 (0)

STEPHENS MANAGEMENT, INC.

Principal Place of Business Mailing Address

## **FILED** Feb 06 1997 8:00am Secretary of State



				iyan road ILM Beach Fl	. 33408-251	6						
								3. Date incorporated or Qualified 07/05/1995		te of Las 13/199(		
STEPHENS, HIXE A 12395 BANYAN ROAD NORTH PALM BEACH FL 33408  11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent, I am familiar with, and accept the obligated agent. I am familiar with, and accept the obligated agent. I am familiar with agent agent. I am familiar with agent ag			2a. Mailing Address 26					4. FEI Number 65-0595026	Applied For Not Applicable			
Suite, Apt.	#, etc			Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional Required	
City & State	9		City &	State				Election Campaign Financing     Trust Fund Contribution			00 May Be	
Zip	Couritry Zip Cou					intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
STE	PHENS, HIXIE A					B1	Name	•				
						82	Street Address (P.O. Box Number is Not Acceptable)					
****						83		·			······································	
				e e		84	City		FL	85 Z	ip Code	
11. Pursuant to	to the provisions of S egistered agent, or b	ections 607.0502 ar	nd 607.1508 Iorida, Suci	Florida Statu h change was	utes, the a	bove d by	e-named co the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	ourpose of pt the app	changin; pintment	g its registered as registered	
	iri larilliai wiiri. ado a	ccept the obligation	is or, socio	iii 607.0303, t	IOIIDA SIA	LULUS	1.					
	Signature, typed or photed r			ole (NC		d Age	int signature rec	quired when reinstating)	DATE		······································	
12.		OFFICERS AND D	RECTORS	· ——	13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
†ITLE	_	F 4		DELETE	1.1 Ti	TLE	İ			L] Chang	ge L Addition	
NAME					1.2 N	AME						
STREET ADDRESS					1.3 S	TREET	ADDRESS					
CITY-ST-ZIP		EACH FL 33408			1.4 C	ITY-S	T-ZIP					
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CITY - ST - ZIP	NORTH PALM B	EACH FL 33408			2.40	HTY-5	5T-21P					
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NAME					52 N							
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CITY-ST-ZIP							T-ZIP					
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NAME					6.2 N							
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CITY-ST-ZIP					0.4 0	111-5	T-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 of changed, or on an attrahment with an address.