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

PROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 13 1998 8:00am Secretary of State

DOCUMENT # P95000051894	(0)		
STEPHENS MANAGEMENT, INC.		(188/148) (18 14)B) B)(1) B0(1) B4(1) B4(18. 28. 18. 18. 18. 18. 18. 18. 18. 18. 18. 1
Principal Place of Business Mailing Address			
12395 BANYAN ROAD 12395 BANYAN R	OAD		
NORTH PALM BEACH FL 33408 NORTH PALM BE	ACH FL 33408	DO NOT WORTE IN THE	60.05
		DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
		07/05/1995	
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Anntinut For
21 26		65-0595026	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e	itc.		\$8.75 Additional
27		5. Certificate of Status Desired	Fee Required
I City & State I City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		Trust Fund Contribution	Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24 25 29	30	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
STEPHENS, HIXIE A	81 Name		
12395 BANYAN ROAD	62 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
NORTH PALM BEACH FL 33408			
	83		
	84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida	Statutes, the above-named co	progration submits this statement for the ourpose of	of changing its registered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of, Section 607.05 	e was authorized by the corpor 505, Florida Statutes.	ration's board of directors. I hereby accept the app	pointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable	APOTE Parish of A		
12. OFFICERS AND DIRECTORS	(NOTE: Registered Agent signature req	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	D DIDECTORS IN 10
TITLE D DELE		ADDITIONS/OF INVOLES TO OFFICE HIS AN	Change Addition
NAME STEPHENS, HIXIE A	1.2 NAME		
STREET ADDRESS 12395 BANYAN ROAD	1.3 STREET ADDRESS	•	
CITY-ST-ZIP NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP		
TITLE D DELE			Change Addition
NAME STEPHENS, MICHEAL F	2.2 NAME		
STREET ADDRESS 12395 BANYAN ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP		
TITLE DELE			Change Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4. CITY - ST - ZIP		
TITLE DELE	TE 4.1 TITLE		Change Addition
NAME	4. 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY - ST - ZIP		
TITLE DELE	TE 5.1 TITLE		Change Addition
NAME	- (
	5.2 NAME		
STREET ADDRESS	5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE DELE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

I nereby 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 trusted 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.