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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000093276 (0)

1. Corporation Name
KEITH STEFAN, INC.

Principal Place of Business
843 DONEGAL COURT
ORANGE PARK FL 32065

Mailing Address
843 DONEGAL COURT
ORANGE PARK FL 32065-5818

3. Date Incorporated or Qualified 01/01/1996
3a. Date of Last Report

2. Principal Place of Business
21 1754 EDGEWOOD AVE. SOUTH 26 1754 EDGEWOOD AVE SOUTH
Suite, Apt. #, etc.

4. FEI Number 57-3349448
Applied For Not Applicable

22 City & State JACKSONVILLE, FLA
23 JACKSONVILLE, FLA
24 32205 25 DUAL 27 City & State JACKSONVILLE, FLA
28 JACKSONVILLE, FLA
29 32205 30 DUAL

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

STEFAN, KEITH
843 DONEGAL COURT
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 Name STEFAN, KEITH
82 Street Address (P.O. Box Number is Not Acceptable) 1754 EDGEWOOD AVE SOUTH
83
84 City JACKSONVILLE FL 85 Zip Code 32205

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 Signature, typed or printed name of registered agent and board applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	STEFAN, KEITH	843 DONEGAL COURT	ORANGE PARK FL 32065	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	STEFAN, KEITH	1754 EDGEWOOD AVE SOUTH	JACKSONVILLE, FLA 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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 KEITH STEFAN 4-8-97 (950) 93276

CR2E034 (9/96)