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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000022762 (4)
STEPHEN D. WRIGHT, INC.

Principal Place of Business Mailing Address 11577 WINCHESTER DRIVE 11577 WINCHESTER DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-2649							
į.					3. Date Incorporated or Qualified 03/11/1996	3a. Date of Last Re	port
	lace of Business	2a. Mailing Address			4. FEI Number		olied For
21 Suite, Apt #, etc.			26		65 065 930 Not Applicate \$8.75 Additional		
Suite, Apr. ₩, etc 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Rec		
City & State	6	City & State		·····	6. Election Campaign Financing	\$5.00	·
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Count	ry	8. This corporation has liability for		199.032,
24	25	29	30]	····		Yes X No	
W/DI	9. Name and Address of Curre	int Hegistered Agent	8	1 Name	10. Name and Address of New Re	Jistered Agent	
	ight, stephen d 77 winchester drive			Ivalle			
	.M BEACH GARDENS FL 33410		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
FAL	IN DEADIT GRADEIS I E 30410		8	3			
			8	4 City		FL 85 Zip C	ode
office or r agent. La SIGNATURE.	registered agent, or both, in the Stat im familiar with, and accept the obli- signature typed or punted name of regis cred as	gations of, Section 607.0505,	Florida Statut	es.	poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	ot the appointment as r	egistered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	N 12
1.TLE	D AMBIEL OF THE PARTY OF	DELETE	1.1 TITLE			Change Change	Addition
NAME	WRIGHT, STEPHEN D		1.2 NAM	E			1
STREET ADDRESS	11577 WINCHESTER DRIVE PALM BEACH GARDENS FL	00440	. 1.3 STRE	ET ADDRESS		•	
CITY-ST-ZIP	PALM BEACH GARDENS PL		1.4 CITY		·	· Pa	
TITLE		[_] DELETE	2.1 TITLE	1		Change	Addition
NAME	}		2.2 NAM	ſ			
STREET ADDRESS				ET ADDRESS			
CITY-ST ZIP TITLE		DELETE	2. 4 CITY 3.1 TITLE		The state of the s	Change	Addition
NAME			3.2 NAM			CT Custilia	L_) Nation
STREET ADDRESS				ET ADDRESS			
CHY-ST-7IP			3.4. CITY	1			
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NAME			4, 2 NAM	ļ			
STREET ADDRESS				ET ADDRESS			1
CITY-ST-ZIF			4.4 CITY	. 1			İ
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAM	£			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CHTY-ST-ZIP			5.4 CITY-				
THILE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAMS	E			
STREET ADDRESS				ET ADDRESS			ļ
CITY-ST-ZIP	ĺ		6.4 CITY	· ST- ZIP	•		

14. 1 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 corp; ation or the recept 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 granged, or on an appear with an address.

SIGNATURE:

FILED

Feb 10 1997 8:00am

Secretary of State