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FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000033948 (6)

1. Corporation Name

STEPHENSON CONTRACTING, INC.

Principal Place of Business

1110 N.E. 163RD STREET, APT. 314
NORTH MIAMI BEACH FL 33162

Mailing Address

1110 N.E. 163RD STREET, APT. 314
NORTH MIAMI BEACH FL 33162-4514

3. Date Incorporated or Qualified

04/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 4715 N.W. 157th Street

Suite, Apt. #, etc.

22 Suite #211

City & State

23 Miami, FL

Zip

24 33014

Country

25 U.S.

2a. Mailing Address

26 4715 N.W. 157th Street

Suite, Apt. #, etc.

27 Suite #211

City & State

28 Miami, FL

Zip

29 33014

Country

30 U.S.

4. FEI Number

65-111111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

REISMAN, STEPHEN H
ONE SOUTHEAST THIRD AVE.
SUITE 2600
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STEPHENSON, DWIGHT E	
STREET ADDRESS	1110 N.E. 163RD STREET, APT. 314	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ZOPPO, DAVID DEL	
STREET ADDRESS	231 SW 28TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STEPHENSON, DINAH S	
STREET ADDRESS	1110 N.E. 163RD STREET, APT. 314	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4715 N.W. 157th Street, #211
1.4 CITY-ST-ZIP	Miami, FL 33014
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4715 N.W. 157th Street, #211
2.3 STREET ADDRESS	Miami, FL 33014
2.4 CITY-ST-ZIP	Miami, FL 33014
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4715 N.W. 157th Street, #211
3.3 STREET ADDRESS	Miami, FL 33014
3.4 CITY-ST-ZIP	Miami, FL 33014
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 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 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:

Dinah Stephenson 4/28/97 (305) 623-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0221347

CR2E034 (9/96)