

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

FILED
Apr 14 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 # **P96000051832 (9)**

1. Corporation Name

LAW OFFICES OF KARLENE S. STEVENS, P.A.

Principal Place of Business

**NORTHBRIDGE CENTER THIRD FL. PAVILLION
515 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401**

Mailing Address

**NORTHBRIDGE CENTER THIRD FL. PAVILLION
515 NORTH FLAGLER DR.
WEST PALM BEACH FL 33401-4321**

3. Date Incorporated or Qualified
06/17/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0672485

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

**STEVENS, KARLENE S
224 DATURA STREET
SUITE 918
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

KARLENE S. STEVENS

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

515 N. FLAGLER DRIVE

83

SUITE 300 PAVILION

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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

Karlene S. Stevens

(NOTE: Registered Agent signature required when reinstating)

4/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **STEVENS, KARLENE S**
STREET ADDRESS **224 DATURA STREET, SUITE 918**
CITY- ST- ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T/S/ D/C** ☒ Change ☐ Addition
1.2 NAME **KARLENE S. STEVENS**
1.3 STREET ADDRESS **515 N. FLAGLER DR., STE. 300 PAVILION**
1.4 CITY- ST- ZIP **WEST PALM BEACH, FL 33401**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 recorder 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

Karlene S. Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karlene S. Stevens

4/10/97

(561) 802-4133

DATE

TELEPHONE #

CR-2034 (9/96)