

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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90141 041 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051832

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1996

2. Principal Place of Business
21 1655 Palm Beach Lakes Blvd.
Suite, Apt. #, etc. Suite 1012
City & State West Palm Beach, FL
Zip 33401 Country USA

2a. Mailing Address
26 See #2
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0672485 Applied For Not Applicable
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 owes the current year Intangible Personal Property Tax. Yes X No

9. Name and Address of Current Registered Agent
STEVENS, KARLENE S
515 N FLAGLER DR
SUITE 300 PAVILION
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) 1655 Palm Beach Lakes Blvd.
83 Suite 1012
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) DATE 3/18/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTSD	STEVENS, KARLENE S	515 N FLAGLER DR, SUITE 300 PAVILION	WEST PALM BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
		1655 Palm Beach Lakes Blvd, Ste. 1012		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE: *Karlene S. Stevens* DATE: 3/18/99 DAYTIME PHONE #: 561-683-9066

CR2E034 (11/98)