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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Jan 20 1998 8:00am Secretary of State

	1990	2.1.0.0.1.0.		-			110
DOCU 1. Corporation	MENT # P96000	0059731 (5)	- "-				
THE STEVENSON GROUP, INC.							
				<u> </u>			
Principal Place of Business Mailing Address							16, 1751 1551
1380 S.W. 17TH STREET							
DOOR HATO	* · · · · · · · · · · · · · · · · · · ·	DOOR TINIGHTE 00400			DO NOT WRITE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
					3. Date Incorporated or Qualified		
Principal Place of Business     2a. Mailing Address					07/17/1996		pplied For
21 26					65-0685243		ot Applicable
Suite, Apt. #. etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	T	Additional
27							equired
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zip	Country Zlp Co		Country	<del></del> _	8. This corporation owes or has paid the cu		
24	25 29 30		30		Personal Property Tax due June 30.		No
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Registered	Agent	
ROMAN, PHILIP M PA				Name			
4400 NORTH FEDERAL HIGHWAY			82	Street Add	ess (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			83				
						<del></del>	
			84	City	FL	_   <b>85</b>   Zip	Code
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statu	tes, the above	e-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	if changing if	ts registered
agent, I a	im familiar with, and accept the obliga	itions of, Section 607.0505, FI	orlda Statute	y ine corpora. 5.	tions board or directors. Thereby accept the app	JOHNSTIELL GS	. registered
SIGNATURE	Signature, typed or printed name of registered ager	the red title if profession (NOT)	E Booksond 6a	ant cionalura reguli	red when reinstating) DATE		
12.	OFFICERS AND		13.	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	RS IN 12
TITLE	PTD	DELETE 1.1 T				Change	Addition
NAME	STEVENSON, PETER B						7
STREET ADDRESS	1380 S.W. 17TH ST.			ADDRESS			S
CITY - ST - ZIP	BOCA RATON FL 33486	486 1.4 C		ST-ZIP		Change	Addition
TITLE NAME	SVD STEVENSON, CAROL B	<del>-</del>		1		trialige	L Addition
STREET ADDRESS			2.2 NAME 2.3 STREET	ADDRESS	r e		
CITY-ST-ZIP	BOCA RATON FL 33486		2, 4 CITY -				
TITLE	DELETE 3		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	1			-
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 1 4.1 TITLE	ST-ZIP		Change	Addition
NAME		Beering	4. 2 NAME			O.Idi.go	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CMY~S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	İ			}
STREET ADDRESS			5.3 STREET	·			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S	IT-ZIP		Change	Addition
TITLE NAME DA			6.1 TITLE 6.2 NAME	{		onarge	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
14. I hereby c	certify that the information supplied will	th this filling does not qualify for	or the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further our are shall have the same legal effect as if made ur	ertify that the	information
officer or	director of the corporation or the rece	iver or trustee empowered to	execute this	report as requ	uired by Chapter 607, Florida Statutes; and that i	my name ap	pears in

12/31/97 (561) 368-9530