

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P96000060652 (0)

1. Corporation Name

LISA V. STEWART, P.A.



Principal Place of Business

COMMERCE EXECUTIVE CENTER
1975 E. SUNRISE BLVD., SUITE 712
FT. LAUDERDALE FL 33311

Mailing Address

COMMERCE EXECUTIVE CENTER
1975 E. SUNRISE BLVD., SUITE 712
FT. LAUDERDALE FL 33304-1454

2. Principal Place of Business

21 Commerce Executive Center

Suite, Apt. #, etc.

22 1975 E. Sunrise Blvd, Suite 535

City & State

23 Ft. Lauderdale, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 Commerce Executive Center

Suite, Apt. #, etc.

27 1975 E. Sunrise Blvd, Suite 535

City & State

28 Ft. Lauderdale, FL

Zip

29 33304

Country

30 USA

3. Date Incorporated or Qualified

07/18/1996

3a. Date of Last Report

4. FEI Number

65-0675220

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEWART, LISA V
COMMERCE EXECUTIVE CENTER
1975 E. SUNRISE BLVD., SUITE 712
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

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

Commerce Executive Center

83

1975 E. Sunrise Blvd, Suite 535

84 City

Ft. Lauderdale

FL

85 Zip Code

33304

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 provisions 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEWART, LISA V
1975 E. SUNRISE BLVD., SUITE 712
FT. LAUDERDALE FL 33311

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME ☐ Change ☐ Addition

16 STREET ADDRESS ☐ Change ☐ Addition

17 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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

Signature

5/2/97

954-467-1124

CR2E034 (9/96)