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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072064 (4)

FILED Mar 10 1998 8:00am Secretary of State

	STEFAN	I REALTY, INC.						
Pri	ncipal Place	of Business	Mailing Address	ling Address		I LODISADI DIO COMB BILIT ARIEL DA	hin Beini estil ibene hend een	IB Billi Mibi inbi
	7800 N UNIVERSITY DR 7800 N UNIVERSIT							
	203 NMARAC FL	33321	#203 TAMARAC FL 33321		DO NOT W	DO NOT WRITE IN THIS SPACE		
Ü		••••	US			 Date Incorporated or Quality 08/29/1996 	fied	
2.	Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21			26			65-0693352		Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	icate of Status Desired S8.75 Additional Fee Required		
$\overline{}$	City & State		City & State		, , ,	6. Election Campaign Financing \$5.00 May Be		
23			[28]	1 . 6		Trust Fund Contribution		ded to Fees
	Zip	Country	Zφ Zη		intry	8. This corporation owes or ha		ar Intangible No
24		9. Name and Address of Current	[29] Registered Agent	30	I	Personal Property Tax due 10. Name and Address of Ne		21140
	STEFAN, TODOR							
1686 CYPRESS POINT DR					82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33071					B3			
					84 City		65	Zip Code
							FLITT	·
1	SNATURE	ogistered agent, or both in the State on tamiliar will cand acceptable in liga.	TOOOR STEFAI	\checkmark //	gesiden	corporation submits this statement for oration's board of directors. I hereby a point of the control of the con	2/2/14	<u>a</u>
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO C		
TITL		PD STEEL TODOR	☐ DELETE	111	ľ		☐ Cha	nge L Addition
	VAME STEFAN, TODOR STREET ADDRESS CRITY-ST-ZIP CORAL SPRINGS FL 33071							,
1					TREET ADDRESS			
TITL	r-ST-ZIP	CONAL OF HINGS TE 3307 I	DELETE	1.4 C	TY-ST-ZIP		Cha	nge Addition
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	r-ST-ZIP				CITY-ST-ZIP			
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NAN	at į			52 N	AME			

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 trusted improveded 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 attact that with it and easy to be a supplied with the information indicated on this 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 trusted in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is supplied with this filling 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 is supplied with this filling 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 is supplied with the information indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trusted in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report is supplied with the information indicated on the same legal effect as if we have a supplied with the information indicated on the same legal effect as if we have a supplied with the information indicated on the same legal effect as if we have a supplied with the information indicated on the same legal effect as if we have a supplied with the information indicated on the same legal effect as if we have a supplie

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

STEFAN

Change

Addition