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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600076515 (1)

A.J. STENO, INC. Principal Place of Business Mailing Address 2813 NE 15TH ST. 2813 NE 15TH ST. POMPANO BEACH FL 33062-3600 POMPANO BEACH FL 33062-3600 3. Date Incorporated or Qualified 3a. Date of Last Report 09/13/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** П Added to Fees Country Zω Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEFANICK, ANDREA J 2813 NE 15TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062-3600 83 84 Zip Code 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 reg stered 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, type if or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THEF DELETE 1.1 TITLE Change X Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - \$1 - 20P 1.4 CITY - ST - ZIE DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ACORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP DELETE TELLE 3.1 TITLE Addition ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-2IP 3.4 CITY-ST-ZIP DELETE THEF 4.1 TITLE Change Addition NAM: 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY - ST-269 5.4 CITY - ST - ZIP DELETE THLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY - ST - ZIP 64 CITY-ST-ZiP 14. I do hereby cently 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

SIGNATURE: Made La Sufaniele ANDREA J. STEFANICE 48/97 941-484

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 of the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name