## 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** 

DOCUMENT # P96000079413 (6)

STEPHANIES OF SEA RANCH LAKES, INC.

Principal Place of Business Mailing Address 1805 S.E. THIRD COURT 1605 S.E. THIRD COURT DEERFIELD BEACH FL 33441-4418 DEERFIELD BEACH FL 33441 3. Date incorporated or Qualified 3a. Date of Last Report 09/23/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0699576 26 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zφ Zip Country This corporation has liability for intengible tax under s. 199.032. Florida Statutes Yes \(\bigcup \text{No}\) No 24 29 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIEGEL, JOHN 1605 S.E. THIRD COURT Street Address (P.O. Box Number is Not Acceptable) 82 DEERFIELD BEACH FL 33441 83 84 City 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 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 Signature, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change \_\_\_ Addition TITLE D DELETE 1.1 TITLE NAME SIEGEL, JOHN 1.2 NAME 1605 SE THIRD COURT 1.3 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33441** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition THE MAM 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP C-TY - ST - ZIF ■ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CHTY -\$1-7P DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition THIE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THE 6.1 YITL€ 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 

64 CITY-ST-ZIP

SIGNATURE:

CITY-S1-ZiP

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.

FILED

Apr 29 1997 8:00am

Secretary of State