

FILED
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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000948

1. Corporation Name

THE STEVENSON GROUP OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1997

4. FEI Number

22-3491869

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax

☐ Yes ☒ No

2. Principal Place of Business

21 560 SYLVAN AVENUE

2a. Mailing Address

28 560 SYLVAN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ENGLEWOOD CLIFFS, NJ

City & State

28 ENGLEWOOD CLIFFS, NJ

Zip

24 07632

Country

25 USA

Zip

29 07632

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
 NAME STEINMAN, STEPHEN M
 STREET ADDRESS 560 SYLVAN AVENUE
 CITY - ST - ZIP ENGLEWOOD CLIFFS, NJ 07632

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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 CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

☐ Change ☐ Addition

CR2E034 (11/98)

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

201-568-1900

Daytime Phone #