**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90059 027 \*\*\*150.00

## DOCUMENT # P9700009073

1. Corporation Name

, HEDEOO	CA W. STEVENS, P.A.								
Principal Blood	o of Business	Mailing Address		_	$\dashv$				
Principal Place of Business Mailing Address  P.O. BOX 897  BRONSON FL 32621  Principal Place of Business Mailing Address  P.O. BOX 897  BRONSON FL 32621						DO NOT WRITE IN THIS SPACE			
			-	•		Do NOT WRI      Date Incorporated or Qualifed	E IN THIS	SFACE	
Ì					ļ	01/30/1997			ļ
2. Principal P	Place of Business	2a. Mailing Address		_		4. FEI Number			pplied For
21	lace of Dusiness	26				59-3430069			lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certifcate of Status Desired			Required
City & State	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	I to Fees
Zip	Country	Zip	Coun	try	-	8. This corporation owes the curr	ent year Inta	ingible L Yes	Ľ¥Ño
24	25		30		1	Personal Property Tax.	anintared i		LYNO
}	9. Name and Address of Curren	it Registered Agent	1	31 Name		10. Name and Address of New R	egisterea /	4ge iii	
STE	VENS, RONALD W ESQ.	. (	L						
	E HATHAWAY AVE		[ ;	82 Street Addr		s (P.O. Box Number is Not Accepta	ible)		
BRONSON FL 32621				83					
			L						
			[+	34 City			FL	85   Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the ab	ove-named (	corpor	ation submits this statement for the	nurnose of	changing if	s registered
office or c	registered agent, or both, in the State registered agent, or both, in the State rm familiar with, and accept the obliga	of Florida, Such change was at	rthorized	ov the como	oration'	s board of directors. I hereby accep	t the appoir	itment as r	egistered
SIGNATURE	,								
									1
	Signature, typed or printed name of registered age			gent signature re	w beriupe		DATE		2000 14140
12.	OFFICERS AN	ID DIRECTORS	13.		w beriupe	hen reinstating)  ADDITIONS/CHANGES TO OF			
12. TITLE	OFFICERS AN		13.	Ē	w beriupe	ADDITIONS/CHANGES TO OF		D DIRECT	
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CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

486-1267