FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020784 (9)

STEPHEN'S DELIVERIES, INC.

FILED Feb 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						# 11011 GB197 (BB41 10111 G197 1981
6345 S.W. 23RD STREET 6345 S.W. 23RD STREE						
MIRAMAR FL 33023		MIHAMAH FL 330	MIRAMAR FL 33029		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/06/1997	
	lace of Business	2a. Mailing Addres	s	<u> </u>	4. FEI Number 0H22/1/7	Applied For
21	di alia	26		·-····	63-0725777	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	1 '		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	<u> </u>		6. Election Campaign Financing	\$5.00 May Be
23		28	<u> </u>		Trust Fund Contribution	Added to Fees
Zip Country		Žip	· ` — ·		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
CL	9, Name and Address of Curr		8	1 Name	10. Name and Address of New Register	ed Agent
	iris tensen, stephen G SR. 45 S. W. 23RD street			1		
MIRAMAR FL 33023			8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)	
			8	3	<u>,</u>	
			8	4 City		85 Zip Code
	. ^ 4		l l	1 '	F	• 4 . ` ` ` .
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the abo	ve-named corp	coration submits this statement for the purpose tion's board of directors. I hereby accept the	e of changing its registered
agent	m amiliar with, and accept the	ligations of, Section 607.05	05, Florida Statut	es.	none board or directors. This objectors the	6.60
SIGNATURE	Sphelure, hyped or printed name of registered	mon-	(NOTE: Registered A		red when reinstaling) DATI	1/DC1/98_
12.		ND DIRECTORS	13.	geni signature requi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTS	DELE	TE 1.1 TITLE			Change Addition
NAME	CHRISTENSEN, STEPHEN	G SR.	1.2 NAMI	Ε		
STREET ADDRESS	6345 S.W. 23RD STREET		1.3 STRE	et address		
C!TY-ST-ZIP	MIRAMAR FL 33023		1.4 CITY-			
TITLE	☐ DEL€TE			i i		Change Addition
NAME			2.2 NAME	1		
STREET ADDRESS CITY-ST-ZIP			2.3 STREE 2.4 CITY	ET ADDRESS	•	
TITLE		DELE				Change Addition
NAME			3.2 NAME			_ • -
STREET ADDRESS			3.3 STREE	et address		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELĒ	TE 4.1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP		DELE	4.4 CITY - TE 5.1 TITLE			Change Addition
TITLE NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	•		5.4 CITY-			
TITLE		DELE		····		Change Addition
NAME		-	6.2 NAME	i i		-
CAUCLA ADDRESS			A A CTRE	- LOUDEOU		l

14. Thereby 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 of the publisher or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it changed, or by an attrictment with an address.

1/2/0/90