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

PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000082092 (2)

FRANCIS WALTER STEGNER, P.A.

## FILED Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						( AEBYADDA 1960 HURAI EDDIK DONK DONK DONK DONK ADADA NOKO DARAD HURAU RAYA ADAK
527 CATALINA	A ISLES CIRCLES	527 CATALINA ISLES CIRCLES				
VENICE FL 34	292	VENICE FL 34292				DO NOT WRITE IN THIS SPACE
	•					3. Date Incorporated or Qualified
						09/23/1997
2. Principal Place of Business 2a. Mailing Address			ddress			4. FEI Number Applied For
21		26				65-0/8 d 3 3   Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired Section Section 5. Sec
27     27			State			6. Election Campaign Financing \$5.00 May Be
23		<del></del>	28			Trust Fund Contribution Added to Fees
Zip			Country	,	8. This corporation owes or has paid the current year intaggible	
24	25 29 30		1		Personal Property Tax due June 30.  Yes XNo	
						10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED				81	Name	
343 ALMERIA AVENUE				82	Street Ad	dress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134			83			
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named of						rporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Flora. 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 the such as the						
SIGNATURE 4/13/98						
12.	Signiflure, \$500d or printed name of registered age OFFICERS AND		{NOTE: Re	gistered Age	ent signature req	uvred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD		DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	STEGNER, FRANCIS W			1.2 NAME		, ,
STREET ADDRESS	<b>527 CATALINA ISLES CIRCLE</b>	S	1.3 STREE		ADDRESS	
CITY-ST-ZIP	VENICE FL 34292		1.4 CITY-ST-ZIP		it-71P	
TITLE			DELETE	21 TITLE		☐ Change ☐ Addition ☐
NAME			22 NAMI			·
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP TIFLE			DELE <b>TE</b>	2 4 City-:	SI-ZIP	Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY -	ST-ZIP	
IULE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			4.4 City - S	T-ZIP	Change Addition	
TITLE NAME		LJ	PLLEIC	5.1 TITLE 5.2 NAME		Li Change Li Adunton
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S		
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY - S	T-ZIP	

4. 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 occurate 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 the corporation of the receiver 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 the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation

SIGNATURE XIII W

4/10/00