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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000099727

SHEILA STEPHENS, P.A.

CHEDI OCK VIDCINIA D

**SIGNATURE** 

| - I Division 4 Division                           | Mailing Address                              |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| Principal Place of Business<br>2907 SE PACE DRIVE | 2907 SE PACE DRIVE                           |   |  |  |  |  |  |
| PORT ST. LUCIE FL 34984                           | PORT ST. LUCIE FL 34984                      | DO NOT WRITE IN THIS SPACE  |  |  |  |  |  |
|   |  | 3. Date Incorporated or Qualifed 11/30/1998                                 |  |  |  |  |  |
| 2. Principal Place of Business                    | 2a. Mailing Address                          | 4. FEI Number<br>65-0880851   |  |  |  |  |  |
| Suite, Apt. #, etc.                               | Suite, Apt. #, etc.                          | 5. Certificate of Status Desired Fe   |  |  |  |  |  |
| City & State                                      | City & State                                 | 6. Election Campaign Financing S5. Trust Fund Contribution Advanced         |  |  |  |  |  |
| Zip Country                                       | Zip Country 29 30                            | 8. This corporation owes the current year Intangible Personal Property Tax. |  |  |  |  |  |
| 9. Name and Address of C                          | 10. Name and Address of New Registered Agent |   |  |  |  |  |  |

**FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90248 025 \*\*\*150.00



Sheila

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

| -1855 SOUTH KANNER HIGHWAY<br>-STUART FL 34994 |   |              | 82 Street Address (P.O. Box Number is Not Acceptable) |               |            |               |             |                           |                      |                 |                      |
|--|---|--------------|---|---------------|------------|---------------|-------------|---------------------------|----------------------|-----------------|----------------------|
|  |   |              |   | <del> ,</del> |            |               |             |                           |                      |                 |                      |
|  |   | 84           | City P  | ort           | S+:        | Lucie         |             |                           |                      |                 | 1984 _               |
| office or re                                   | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t<br>egistered agent, or both, in the State of Florida. Such change was autho<br>m familiar with, and accept the obligations of, Section 607.0505, Florida | rized by     | e-named<br>the corpo                                  | comorat       | ion sub    | mits this sta | atement fo  | or the purporaccept the a | se of ch<br>appointr | nanging its reg | egistered<br>istered |
| SIGNATURE                                      | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi   | stered Agen  | r signature n   | Squired whe   | nteinstati | me com        |             | <u> </u>                  | 15                   | 177             |                      |
| 12.  | OFFICERS AND DIRECTORS  | 13.          |   |               |            | TIONS/CH/     | ANGES TO    | OFFICER                   | S AND                | DIRECTOR        | RS IN 12             |
| TITLE  | D DELETE  | 1.1 TITLE    |   |               |            | ·             |             |                           | (                    | Change          | ☐ Addition           |
| <b>I</b>                                       | STEPHENS, SHEILA  | 1.2 NAME     |   |               |            |               |             |                           |                      |                 |                      |
|  | 2907 SE PACE DRIVE  | 1.3 STREET   | ADDRESS   |               |            |               |             |                           |                      |                 |                      |
|  | PORT ST. LUCIE FL 34984   | 1.4 CITY-\$1 | r-ZIP   |               |            |               |             |                           |                      |                 |                      |
| MILE   | ☐ DELETE  | 2.1 TITLE    |   |               |            |               |             |                           |                      | Change          | ☐ Addition           |
| NAME   |   | 2.2 NAME     |   |               |            |               |             | ,                         |                      |                 |                      |
| STREET ADDRESS                                 |   | 2.3 STREET   | ADDRESS   |               |            |               |             |                           |                      | '               |                      |
| CITY-ST-ZIP                                    |   | 2. 4 CITY-S  | T- ZIP  |               |            |               |             |                           | _                    |                 |                      |
| IIILE  | DELETE  | 3.1 TTLE     |   |               |            |               |             | ***                       | [                    | Change          | Addition             |
| NAME ,   |   | 3.2 NAME     |   |               |            |               |             |                           |                      |                 |                      |
| STREET ADDRESS                                 |   | 3.3 STREET   | ADDRESS   |               |            |               |             |                           |                      |                 |                      |
| CITY-ST-ZIP                                    |   | 3.4. CITY- S | T-ZIP   |               |            |               |             |                           |                      |                 |                      |
| MLE  | ☐ DELETE  | 4.1 TITLE    |   |               |            |               |             |                           | I                    | Change          | ☐ Addition           |
| NAME   |   | 4. 2 NAME    |   |               |            |               |             |                           |                      |                 |                      |
| STREET ADDRESS                                 | "·<br>·   | 4.3 STREET   | ADDRESS   |               |            |               |             |                           |                      |                 |                      |
| CITY-ST-ZIP                                    | · · ·   | 4.4 CfTY-S   | r-zip   |               |            |               |             |                           |                      |                 |                      |
| IIILE  | DELETE  | 5.1 TITLE    |   |               |            |               |             |                           | Į                    | Change          | Addition             |
| NAME   |   | 5.2 NAME     |   |               |            |               |             |                           |                      |                 | i                    |
| STREET ADDRESS                                 |   | 5.3 STREET   | ADORESS   |               |            |               |             |                           |                      |                 |                      |
| CITY-ST-ZIP                                    |   | 5.4 CITY-S   | T-ZIP   |               |            |               |             |                           |                      |                 |                      |
| TITLE  | ☐ DELETE  | 6.1 TITLE    | -   |               |            |               |             |                           | l                    | ☐ Change        | Addition             |
| NAME   |   | 6.2 NAME     |   |               |            |               |             |                           |                      |                 |                      |
| STREET ADDRESS                                 | ,   | 6.3 STREET   | ADDRESS   |               |            |               |             |                           |                      |                 |                      |
| CITY-ST-ZIP                                    |   | 64 CITY-S    |   |               |            |               |             |                           |                      |                 |                      |
| 14. I hereby o                                 | certify that the information supplied with this filing does not qualify for the   | exempti      | on stated   | l in Sect     | ion 119    | .07(3)(i), FI | orida Stati | utes. I furthe            | er certify           | y that the in   | formation            |

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.