

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morihani
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01 1996 8:00 am
Secretary of State

DOCUMENT # V54692 (1)
1. Corporation Name
DAVID A. STEGEMAN, R.P.T., P.A.



Principal Place of Business Mailing Address
~~12471 SAND WEDGE DR~~
~~BOYNTON BEACH FL 33437~~
15304 TAIL OAK AVE.
DELRAY BCH, FL 33446
~~12471 SAND WEDGE DR~~
~~BOYNTON BEACH FL 33437~~
15304 TAIL OAK AVE
DELRAY BCH, FL 33446

21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified	3a.	Date of Last Report
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number		Applied For
23	City & State	28	City & State		65-0351886		Not Applicable
24	Zip	29	Zip	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
				8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEGEMAN, DAVID A. 12471 SAND WEDGE DR BOYNTON BEACH FL 33437				81	Name		
15304 TAIL OAK AVE. DELRAY BCH, FL 33446				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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEGEMAN, DAVID A.	1.2 NAME	
STREET ADDRESS	12471 SAND WEDGE DR 15304 TAIL OAK AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BOYNTON BEACH FL DELRAY BCH FL	1.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEGEMAN, MELISSA	2.2 NAME	
STREET ADDRESS	12471 SAND WEDGE DR 15304 TAIL OAK AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BOYNTON BEACH FL DELRAY BCH FL 33446	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Carl Stegeman DATE: 2/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (407) 637-9146 Daytime Phone #

CR2E034 (12/95)