

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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V58976** (4)
1. Corporation Name
STEF/MAX GROUP, LTD. INC.

Principal Place of Business: **199 W. Palmetto Park Rd., Suite 3 Boca Raton, Florida 33432**
Mailing Address: **199 W. Palmetto Park Rd., Suite 3 Boca Raton, Florida 33432**

(DO NOT WRITE IN THIS SPACE)

| | | | | | |
|--------------------------------|--|------------------------|--|--|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 08/20/1992 | 04/11/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 City & State | | 28 City & State | | 65-0045899 | Not Applicable |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Country | | Country | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25 | | 30 | | 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

**SCHWARTZ, RHONDA
2624 NW 38 ST
BOCA RATON FL 33434**

| | |
|---|-------------|
| B1 Name | B5 Zip Code |
| B2 Street Address (P.O. Box Number is Not Acceptable) | FL |
| B3 | |
| B4 City | |

11. Pursuant to the provisions of Sections 607.01(2)(b) 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 607.01(2)(b), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|----------------|-----------------------------------|-------------------|---|
| TITLE | D | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHWARTZ, RHONDA | 12 NAME | |
| STREET ADDRESS | 2624 NW 38 ST | 13 STREET ADDRESS | |
| CITY, ST, ZIP | BOCA RATON FL | 14 CITY, ST, ZIP | |
| TITLE | P | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHWARTZ, KENNETH B. | 22 NAME | |
| STREET ADDRESS | 199 W. Palmetto Park Rd., Suite 3 | 23 STREET ADDRESS | |
| CITY, ST, ZIP | Boca Raton, Florida 33432 | 24 CITY, ST, ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY, ST, ZIP | | 34 CITY, ST, ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY, ST, ZIP | | 44 CITY, ST, ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | | 54 CITY, ST, ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY, ST, ZIP | | 64 CITY, ST, ZIP | |

14. I do hereby certify that the information furnished with this filing is a true and correct statement and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am a qualified agent with this address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

4/27/95

305-722-7757