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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 857609

(2)

STEINB	CKER & ASSOCIATES, INC.					
Principal Place	e of Business	Mailing Address		1 (0010) 5010) 0111 (0010 0414 00340 1014	ADDIT ETBIT BIBIT BIBIT STREET BIETS IBBI	
925 FACTORY BEAVERCREEK		925 FACTORY ROAD BEAVERCREEK OH 45434-6124				
					3. Date Incorporated or Qualified 08/31/1983	3a. Date of Last Report 04/04/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		34-1399538	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22]		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		700	Zip Country		Trust Fund Contribution	Added to Fees
24			30	У	This corporation has liability for Florida Statutes	Intangible lax under s. 199.032,  Yes X No .
641	9. Name and Address of Current		1301		10. Name and Address of New Re	
CT (	CORPORATION SYSTEM		8	1 Name		
	S. PINE ISLAND ROAD		8:	9 Stroot Ad	dress (P.O. Box Number is Not Acceptat	olo)
	NTATION FL 33324		6	2 SHEER AU	diess (F.O. box Number is Not Acceptat	ole)
· - ·			8:	3		
			8	4 City		85 Zip Code
		•		- ',		- FL     `
11. Pursuant office or ragent. La	to the provisions of Sections 607.0502 egistered egent, or both, in the State of m familiar with, and accept the obligation	Pand 607.1508, Florida Statut of Florida Such change was a tions of, Section 607.0505, Flo	es, the abo authorized t orida Statute	ve-named co by the corpor es.	rporation submits this statement for the parties at the ration's board of directors. I heroby acce	ourpose of changing its registered pt the appointment as registered
	Signature, typed or printed name of registered agen			gent signature req	guired when reinstating)	DATE
12.			13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	• • • • • • • • • • • • • • • • • • • •		1.1 TITLE			Change Addition
NAMÉ	STEINBICKER, JOSEPH J.		1.2 NAME			
STREET ADDRESS	925 FACTORY ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	BEAVERCREEK OH VS DELETE		1.4 C(TY-			Observe Total Reserve
TITLE	<del>-</del> 1		2 1 TITLE			∐ Change ∐ Addition
NAME	STEINBICKER, JAN M.		. 22 NAME			
STREET ADDRESS	925 FACTORY ROAD BEAVERCREEK OH		23 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE		2 4 CITY 3 1 TITLE			☐ Change ☐ Addition
NAME			32 NAMI			C Stwings C Modellian
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	1		34. CITY-ST-7IP			
TITLE			4.1 TITLE			Change Addition
NAME			4.2 NAM	1		_ , _
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAMI			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE			6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAMI			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
				1		1

14. I do hereby certify that the information supplied with this liling 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 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. 3 in changed, or bit an address.

**FILED** 

Apr 30 1997 8:00am

Secretary of State