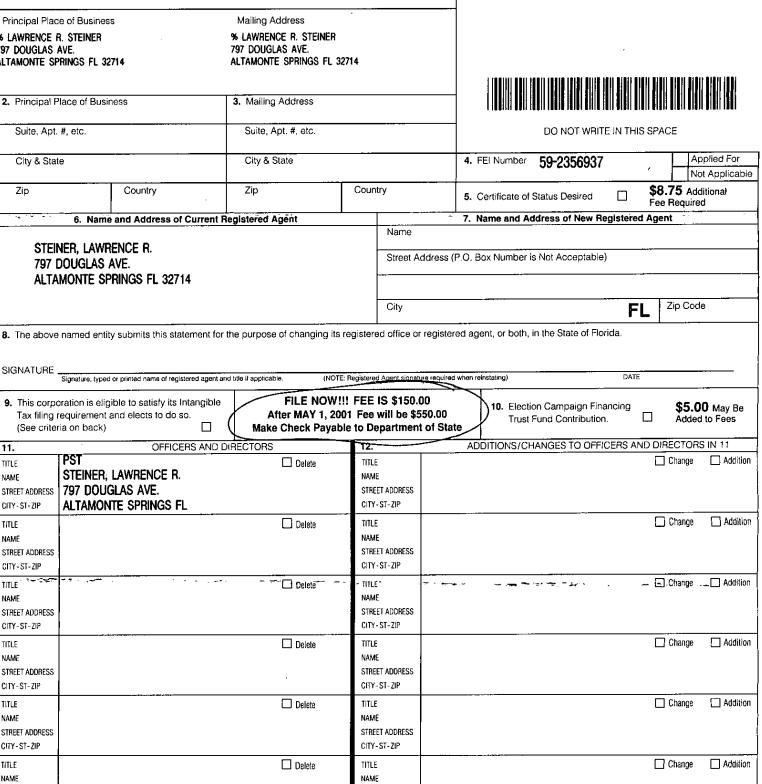
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G77959 LAWRENCE R. STEINER, P.A. Mailing Address Principal Place of Business % LAWRENCE R. STEINER % LAWRENCE R. STEINER 797 DOUGLAS AVE. 797 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Zip Country Country 6. Name and Address of Current Registered Agent Name STEINER, LAWRENCE R.

Apr 17, 2001 8:00 am Secretary of State

04-17-2001 90019 037 ***150.00



qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does n indicated on this report or supplemental report is true and acquired the corporation or the receiver or itrustee empowered to apply changed, or on an attack men with an address, with all other like.

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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CITY-ST-ZIP

SIGNATURE

797 DOUGLAS AVE.

ALTAMONTE SPRINGS FL 32714

9. This corporation is eligible to satisfy its Intangible

STEINER, LAWRENCE R.

ALTAMONTE SPRINGS FL

797 DOUGLAS AVE.

Tax filing requirement and elects to do so.

(See criteria on back)

PST

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

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NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-78P

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS