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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N45877 (0)

1. Corporation Name

FLORIDA LIVE STEAMERS CENTRAL DIVISION, INC.

Principal Place of Business	Mailing Address
E BAY DR & 3RD ST LARGO FL 34649 US	P O BOX 1125 LARGO FL 33779-1125 US

3. Date Incorporated or Qualified: 11/01/1991
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-3099881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLF, ROBERT D
11500 119TH TER N
LARGO FL 34648

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XX DELETE	1.1 TITLE	President	XX Change ☐ Addition
NAME	BOYD, WILLIAM		1.2 NAME	Pete Newcombe	
STREET ADDRESS	7992 1ST AVENUE SOUTH		1.3 STREET ADDRESS	14158 Spoonbill Drive	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	Clearwater, FL 34622	
TITLE	S	☐ DELETE	2.1 TITLE	Vice President	XX Change ☐ Addition
NAME	CLYNES, CAROLYN		2.2 NAME	Tom Eckert	
STREET ADDRESS	2944 6TH AVENUE NORTH		2.3 STREET ADDRESS	6573 1st Avenue South	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St Petersburg, FL 33707	
TITLE	TD	☐ DELETE	3.1 TITLE	Secretary	XX Change ☐ Addition
NAME	HEBEL, WALLY		3.2 NAME	Angelo Cantalupo	
STREET ADDRESS	2876 30TH AVENUE NORTH		3.3 STREET ADDRESS	8305 121st Place North	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	Largo, FL 33773	
TITLE	D	☐ DELETE	4.1 TITLE	Director	XX Change ☐ Addition
NAME	MANN, DONALD		4.2 NAME	Chuck Lisner	
STREET ADDRESS	950 ORANGEVIEW DR		4.3 STREET ADDRESS	3261 Normandy Drive	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	D	☐ DELETE	5.1 TITLE	Director	XX Change ☐ Addition
NAME	LYONS, CHARLES		5.2 NAME	Don Mann	
STREET ADDRESS	601 ROSARY AVE 2103		5.3 STREET ADDRESS	950 Orangeview Drive	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	Largo, FL 33778	
TITLE	VD	☐ DELETE	6.1 TITLE	Director	XX Change ☐ Addition
NAME	BOLAM, DON		6.2 NAME	Bruce Raykiewicz	
STREET ADDRESS	1810 SPRINGTIME AVE		6.3 STREET ADDRESS	2231 Isle of Pines	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	Fort Myers, FL 33994	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wally Hebel REQUIRED 1-8-97 (813) 898-0569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052044
HOME (813) 323-5395