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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
~~Katherine Harris~~
Secretary of State
DIVISION OF CORPORATIONS

573480 - 90012 - 46

DOCUMENT # **N45877**

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 BX 60192 ST PETERSBURG FL 33784 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/01/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3099881 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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: WALLY HEBEL (TREASURER)
82 Street Address (P.O. Box Number is Not Acceptable): 2876 30TH AV NO
83
84 City: ST PETERSBURG FL 85 Zip Code: 33713

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: Wally Hebel — 5/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETE NEWCOMBE 14158 SPOONBILL DR. CLEARWATER FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition BEARD, JOHN 9114 DREAM WAY LARGO, FL 33773
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEARD, JOHN 6573 1ST AVE. SOUTH ST. PETERSBURG FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition RAYCIEWICZ, BRUCE 2231 ISLE OF PINES FT MYERS, FL 33994
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANGELO CANTALUPO 8305 121ST PLACE NORTH LARGO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition TREASURER WALLY HEBEL 2876 30TH AV NO ST PETERSBURG, FL 33713
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHUCK LISNER 3261 NORMANDY DR. PT. CHARLOTTE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DON MANN 950 ORANGEVIEW DR. LARGO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUCE RAYKIEWICZ 2231 ISLE OF PINES FT. MYERS FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Wally Hebel **RE REQUIRED** — 5/12/99 — 573-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #