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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90042 002 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092066

1. Corporation Name
STEINBERG CORPORATION



Principal Place of Business 7653 N.W. 79TH AVENUE APT. 115 TAMARAC FL 33321-2839	Mailing Address 7653 N.W. 79TH AVENUE APT. 115 TAMARAC FL 33321-2839
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 11/08/1996	4. FEI Number 65-0704608	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

STEINBERG, PHILIP M.
7653 N.W. 79TH AVENUE
APT. 115
TAMARAC FL 33321-2839

10. Name and Address of New Registered Agent

81 Name ROBERT LILIENTHAL
82 Street Address (P.O. Box Number is Not Acceptable) 2670 NE 215 ST
83
84 City MIRAMI
85 Zip Code FL 33180

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/12/99**

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

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STEINBERG, PHILIP M.
STREET ADDRESS	7653 N.W. 79TH AVENUE, APT. 115
CITY-ST-ZIP	TAMARAC FL 33321-2839
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STEINBERG, SYLVIA
STREET ADDRESS	7653 N.W. 79TH AVENUE, APT. 115
CITY-ST-ZIP	TAMARAC FL 33321-2839
TITLE	D <input type="checkbox"/> DELETE
NAME	STEINBERG, RICHARD
STREET ADDRESS	10 IRON GATE HILL
CITY-ST-ZIP	WESTPORT CT 06880
TITLE	D <input type="checkbox"/> DELETE
NAME	STEINBERG, ALFRED
STREET ADDRESS	8814 BELLS MILL ROAD
CITY-ST-ZIP	POTOMAC MD 20854
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, 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: *[Signature]* DATE: **1/23/99** DAYTIME PHONE #: **703 610 1733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

030174E