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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G27611

(4)

STEAM BRITE, INC.

Principal Place of Business Mailing

FILED Apr 21 1997 8:00am Secretary of State



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1902 N. LAKEMONT AVENUE WINTER PARK FL 32792-9554			1902 N. LAKEMONT AVENUE WINTER PARK FL 32792-2554					
					3. Date Incorporated or Qualified	3a. Date	of Last f	Report
					03/14/1983	04/29	/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			pplied For
21		26		59-2284483			ot Applicable	
Suite Apt. # etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Sta	te	City & State			 Election Campaign Financing Trust Fund Contribution 			May Be to Fees
Zip 24	Country 25	Ζφ 29	Count	ry	8. This corporation has liability for in Florida Statutes	interigible ta Yes		s. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Ag	ent	· · · · · · · · · · · · · · · · · · ·
DUI	BA, MICHAEL A.		8	1 Name				
190	2 N LAKEMONT DR. ITER PARK FL 32792		8	Street A	ddress (P.O. Box Number is Not Acceptab	ole)		
****	IIPII I SAAT I F AFLAF		8	13	L. Littadiri.			
 			8	4 City		FL	85 Zip	Code
	am familiar with, and accept the obl	igations of, Section 607.0505, F	lorida Statut	tes.	oration's board of directors. I hereby accep			=
SIGNATURE	Some dure, typed or pointed name of registered a	agent and title if applicable. (NC	TE: Aegistered A	gent signature re	equired when reinstaling)	DATE		
SIGNATURE 12.	Sign cure, typed or pointed name of registered a OFFICERS A	agent and title if applicable. (NO NO DIRECTORS	TE: Registered A	agent signature re	equired when reinstaling) ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
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12.	OFFICERS A	IND DIRECTORS	13.	F T				
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• 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 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.

SIGNATURE:

CHATTER AND TYPED OR MINTED HAME OF SIGNING OFFICER OR DIRECTOR TO DUBA 3-24-97 (407)644-4141