FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **257673** **(4)**

1. Corporation Name

STEELER, INC.

Principal Place of Business	Mailing Address
698 N.E. 45TH ST. FT. LAUDERDALE FL 33334	698 N.E. 45TH ST. FT. LAUDERDALE FL 33334

3. Date Incorporated or Qualified: **04/05/1962**
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-0980372** ☐ 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

LANGSENKAMP III, HENRY J.
698 N.E. 45TH ST.
FORT LAUDERDALE FL 33334

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and date required. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	LANGSENKAMP III,H J		1.2 NAME	JOHN HUTCHISON	
STREET ADDRESS	615 LIDO DRIVE		1.3 STREET ADDRESS	2929 HOLLY TREE WAY	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LANGSENKAMP,JOANN D		2.2 NAME		
STREET ADDRESS	615 LIDO DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LANGSENKAMP, KURT		3.2 NAME		
STREET ADDRESS	1526 PONCE DE LEON DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LANGSENKAMP, JAMES H.		4.2 NAME		
STREET ADDRESS	3160 NE 27TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANGSENKAMP, MARY K.		5.2 NAME		
STREET ADDRESS	401 SE 25TH AVENUE, #405		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LANGSENKAMP, STEPHEN P.		6.2 NAME		
STREET ADDRESS	1520 PONCE DE LEON		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet, with my address.

SIGNATURE: John Hutchison, TREASURER 4-29-96 407 479-3484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #