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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
698 N.E. 45TH ST.
FT. LAUDERDALE FL 33334

Mailing Address
698 N.E. 45TH ST.
FT. LAUDERDALE FL 33334-3248



3. Date Incorporated or Qualified 04/05/1962
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0980372		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSENKAMP III, H J	1.2 NAME	
STREET ADDRESS	615 LIDO DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSENKAMP, KURT	3.2 NAME	
STREET ADDRESS	1520 POND DE LEON DR	3.3 STREET ADDRESS	698 NE 45th Street
CITY - ST - ZIP	FORT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSENKAMP, JAMES H.	4.2 NAME	
STREET ADDRESS	9160 NE 27TH AVENUE	4.3 STREET ADDRESS	698 N.E. 45th Street
CITY - ST - ZIP	LIGHTHOUSE POINT FL	4.4 CITY - ST - ZIP	FORT LAUD., FL
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSENKAMP, STEPHEN P.	6.2 NAME	
STREET ADDRESS	1520 POND DE LEON	6.3 STREET ADDRESS	698 N.E. 45th Street
CITY - ST - ZIP	FT. LAUDERDALE FL	6.4 CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)