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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **369967**

1. Corporation Name
STEAMATIC OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
947 S ORANGE AVENUE ORLANDO FL 32806	947 S ORANGE AVENUE ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/17/1970

4. FEI Number: 59-1303309 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2716 FORSYTH RD	26 2716 FORSYTH RD
Suite, Apt. #, etc. 22 101	Suite, Apt. #, etc. 27 101
City & State 23 WINTER PARK, FL	City & State 28 WINTER PARK, FL
Zip 24 32792 Country 25 ORANGE	Zip 29 32792 Country 30 ORANGE

9. Name and Address of Current Registered Agent

SULLIVAN, KIMBERLEY
947 S. ORANGE AVENUE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name: KIMBERLEY SULLIVAN-TODD
82 Street Address (P.O. Box Number is Not Acceptable): 2716 FORSYTH RD. STE 101
83
84 City: WINTER PARK FL 85 Zip Code: 32792

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 _____ 1-5-99
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	CPD	☐ DELETE	1.1 TITLE	CPD	☒ Change ☐ Addition
NAME	SULLIVAN, JERRY F		1.2 NAME	SULLIVAN, JERRY F	
STREET ADDRESS	947 S ORANGE AVENUE		1.3 STREET ADDRESS	2716 FORSYTH RD, STE 101	
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SULLIVAN, KIMBERLEY		2.2 NAME	KIMBERLEY SULLIVAN-TODD	
STREET ADDRESS	947 S ORANGE AVENUE		2.3 STREET ADDRESS	2716 FORSYTH RD STE 101	
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	☐ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SULLIVAN, JERRY F.		3.2 NAME	JERRY SULLIVAN	
STREET ADDRESS	947 S. ORANGE AVENUE		3.3 STREET ADDRESS	2716 FORSYTH RD, STE 101	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	S	☐ DELETE	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	SULLIVAN, KIMBERLEY		4 .2 NAME	KIMBERLEY SULLIVAN-TODD	
STREET ADDRESS	947 S ORANGE AVE		4.3 STREET ADDRESS	2716 FORSYTH RD, STE 101	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	T	☐ DELETE	5.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	SULLIVAN, PATRICK D.		5.2 NAME	PATRICK SULLIVAN	
STREET ADDRESS	947 S ORANGE AVE		5.3 STREET ADDRESS	2716 FORSYTH RD STE 101	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (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 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: _____ 1-5-99 407-425-5541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #