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Jan 28 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 # 665628

(4)

1. Corporation Name
STEAM-PATH SERVICE, INC.

Principal Place of Business
4000 AMELIA ISLAND PARKWAY
P O BOX 527
FERNANDINA BEACH FL 32034

Mailing Address
P O BOX 527
FERNANDINA BEACH FL 32035-0527
US

3. Date Incorporated or Qualified 04/03/1980	3a. Date of Last Report 06/14/1996
4. FEI Number 04-2565444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent AKEL, EDWARD C 1 INDEPENDENT DR STE 2301 FERNANDINA BCH FL 32202	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
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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 of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	P/D
NAME	MCCARTHY, DANIEL	1.2 NAME	MCCARTHY, DANIEL
STREET ADDRESS	891 NISSEN DR	1.3 STREET ADDRESS	891 NISSEN DRIVE
CITY-ST-ZIP	FERNANDINA BCH. FL	1.4 CITY-ST-ZIP	FERNANDINA BCH., FL 32034
TITLE	PTSD	2.1 TITLE	D
NAME	QUINN, SHIRLEY C.	2.2 NAME	QUINN, SHIRLEY C.
STREET ADDRESS	4440 S. FLETCHER AVE	2.3 STREET ADDRESS	4440 S. FLETCHER AVE
CITY-ST-ZIP	FERNANDINA BCH FL	2.4 CITY-ST-ZIP	FERNANDINA BCH., FL 32034
TITLE	D	3.1 TITLE	D
NAME	QUINN, FRANCIS J.	3.2 NAME	QUINN, FRANCIS J.
STREET ADDRESS	4440 S. FLETCHER AVENUE	3.3 STREET ADDRESS	4440 S. FLETCHER AVE
CITY-ST-ZIP	FERNANDINA BCH FL	3.4 CITY-ST-ZIP	FERNANDINA BCH., FL 32034
TITLE		4.1 TITLE	V/T/S/D
NAME		4.2 NAME	ROSZELL, NANCY R.
STREET ADDRESS		4.3 STREET ADDRESS	4945 WINDWARD PLACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FERNANDINA BCH., FL 32034
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Nancy R. Roszell NANCY R. ROSZELL 1-21-97 904-261-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)