FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H66626 (3)

FILED May 04 1998 8:00am Secretary of State

STE-W	IAR CORPORATION, INC.	, ,					BYGOV OKOKY Ovolenia			
Principal Place of Business Mailing Address 6319 BLANDING BLVD JACKSONVILLE FL 32244 JACKSONVILLE FL 32244						DO NOT WRITE IN			JAI 319 11 1831	
						3. Date Incorporated or Qualified 07/15/1985				7
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number		ΙΔ,	oplied For	┨
21 SAME		26 SAME				59-2557514		1	ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75	Additional	1
22		[27]					·		equired	1
City & State		City & State				6. Election Campaign Financing	3		May Be	
23 Zip	Country	Z(p	Cou	intry		8. This corporation owes or has paid			to Fees	┨
24	25	29	30	,		Personal Property Tax due June 30	-	· -] No	1
	9. Name and Address of Current					10. Name and Address of New Regis		gent	- 	1
	IEAS, MARIE B.			B1	Name					
	31 9 Bl anding BLVD ACK S ONVILLE FL 32244			82	Street Add	dress (P.O. Box Number is Not Acceptable)			1
J/	NOROUNVILLE FL 32244			83						1
				84	City			85 Zip	Code	1
					•		FL			
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State	P and 607.1508, Florida Statute of Florida, Such change was a	es, the at	oove d by	-named cor the corpora	rporation submits this statement for the pur ation's board of directors. I hereby accept t	pose of c he appo	hanging it intment as	is registered registered	
•	am familiar with, and accept the obliga	tions of, Section 607.0505, Fig	orida Stat	utes						l
SIGNATURE	Signature, typed or printed name of registered ager	and rate if applicable (NOTI	: Registered	d Age:	nt signature requ	uired when reinstaling)	DATE			ے
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	RS AND I			10/01
TITLE	PTD DIEAS MADIE	EAS, MARIE		1.1 TITLE			Ĺ	Change	Addition	_
NAME	6319 BLANDING BLVD			1.2 NAME						FIRST
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL		1.3 STREET ADDRESS 1.4 City-St-Zip		1					S L
TITLE	SD	DELETE	2.1 TITLE		1-211		[Change	Addition	5
NAME	E'DALGO, W. STEVEN		22 N			. ,		_		
STREET ADDRESS	6319 BLANDING BLVD		2.3 \$1	REET A	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		2.4C	ITY - SI	T-ZIP					
TITLE		DELETE	3.1 TITLE				τ	Change	☐ Addition	
NAME			3.2 NA							1
STREET ADDRESS			- 8		AODRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. C		T- ZIP			Change	Addition	1
NAME	ì	bearie	4.2 N		1			creange		l
STREET ADDRESS					AODRESS					
CITY-ST-ZIP			4.4 CITY-		- 1					1
TITLE		DELETE	5.1 Tr					Change	Addition	1
NAME			5.2 NAME							
STREET ADDRESS			5.3 St	REET A	ADDRESS					1
CITY-ST-ZIP			5.4 CI		T-21P					1
TITLE		☐ DELETE	6.1 Tr		- 1		L	Change	Addition	1
NAME			6.2 N/							Ì
STREET ADDRESS	1				ADDRESS					1
14. I hereby	certify that the information supplied will	h this filing does not qualify fo	6.4 Cl			n Section 119.07(3)(i), Florida Statutes. I fur	ther cert	ify that the	information	-

indicated on this annual report or supplied where this ming does not quality for the exemption stated in Section 119,07(5)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 or an attachment with an address.

SIGNATURE:

ue B. Drean, Press

4/25/98