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CORPORATION ANNUAL REPORT 1995

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

2/23/95 200 50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:09

DOCUMENT # J48825 (0)

1. Corporation Name
STEAMBOAT NORTHWEST, INC.

Principal Place of Business
301 E. MERIDIAN AVE., SUITE 314
DADE CITY FL 33525

Mailing Address
301 E. MERIDIAN AVE., SUITE 314
DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 37837 Meridian Ave.	2a. Mailing Address: 26 37837 Meridian Ave.
Suite, Apt. #, etc.: 22 Suite 314	Suite, Apt. #, etc: 27 Suite 314
City & State: 23 Dade City, FL	City & State: 28 Dade City, FL
Zip: 24 33525 — Country: 25 USA	Zip: 29 33525 — Country: 30 USA

3. Date Incorporated or Qualified: 12/24/1986
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1234322 — 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

SCHRADER, JEROME G.
~~310 E. MERIDIAN AVE., SUITE 314~~
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 37837 Meridian Ave., St. 314
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	STD	[X] Change [ ] Addition
NAME	SCHRADER, JEROME G.	
STREET ADDRESS	~~301 E. MERIDIAN AVE, #314~~	37837 Meridian Ave., St. 314
CITY ST ZIP	DADE CITY FL	
TITLE	D	[X] Change [ ] Addition
NAME	ROBERTS, KEVIN	
STREET ADDRESS	~~301 E. MERIDIAN AVE, #314~~	37837 Meridian Ave., St. 314
CITY ST ZIP	DADE CITY FL	
TITLE	~~PD~~	[ ] Change [X] Addition — VP
NAME	~~SCHRADER, ARTHUR H.~~	Kiefer, A. O.
STREET ADDRESS	~~310 E. MERIDIAN AVE, #314~~	37837 Meridian Ave., St. 314
CITY ST ZIP	~~DADE CITY FL~~	~~Dade City, FL 33525~~
TITLE	D P	[X] Change [ ] Addition
NAME	VOGEL, JOHN T.	
STREET ADDRESS	~~310 E. MERIDIAN AVE, #314~~	37837 Meridian Ave., St. 314
CITY ST ZIP	DADE CITY FL	
TITLE	D	[ ] Change [ ] Addition
NAME	SCHRADER, THOMAS A.	
STREET ADDRESS	1042 N. CURLEY ST	
CITY ST ZIP	SAN ANTONIO FL	
TITLE	D	[X] Change [ ] Addition
NAME	PHILLIPS, RANDALL L.	
STREET ADDRESS	~~310 E. MERIDIAN AVE, #314~~	37837 Meridian Ave., St. 314
CITY ST ZIP	DADE CITY FL	

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)(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: Jerome G. Schrader, Sec./Treas. 2/15/95 904/567-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440610 FP