

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J48825 (0)

1. Corporation Name

STEAMBOAT NORTHWEST, INC.



Principal Place of Business

37837 MERIDIAN AVE
SUITE 314
DADE CITY FL 33525
US

Mailing Address

37837 MERIDIAN AVENUE
SUITE 314
DADE CITY FL 33525
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/24/1986

3a. Date of Last Report
02/23/1995

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

10. Name and Address of New Registered Agent

SCHRADER, JEROME G.
37837 MERIDIAN AVE
SUITE 314
DADE CITY FL 33525

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
STD
SCHRADER, JEROME G.
37837 MERIDIAN AVE., STE 314
DADE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROBERTS, KEVIN JON LARKIN
37837 MERIDIAN AVE., STE 314
DADE CITY FL
P.O. Box 1747
Dade City Fl.

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VP
KIEFER, A. O.
37837 MERIDIAN AVE., STE 314
DADE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
VOGEL, JOHN T.
37837 MERIDIAN AVE., STE 314
DADE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHRADER, THOMAS A.
1042 N. CURLEY ST
SAN ANTONIO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
PHILLIPS, RANDALL L.
37837 MERIDIAN AVE., STE 314
DADE CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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

3/11/96

352.567.4500

Date

Daytime Phone #

CR2E034 (12/95)