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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J48825

STEAMBOAT NORTHWEST, INC.

Principal Place	e of Business	Mailing Address					IO IFBOS DIFF DIGIT DI	(B3) GJQJI Q4QII B	11011 01011 1001
37837 MERIDIAN AVE SUITE 314 DADE CITY FL 33525		37837 MERIDIAN AVENUE SUITE 314 DADE CITY FL 33525			DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed			
						12/24/1986			
_	lace of Business	2a. Mailing Address				4. FEI Number	,		plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-1234322	·	\$8.75 A	Additional
22		27		- ,	5. Certificate of Status Desired	d 🗆 🗸 🗸	Fee Re		
City & State		City & State			6. Election Campaign Financi	ng _	\$5.00	May Be	
23		28			Trust Fund Contribution		Added t	-	
Zip	Country	Zip	Country			8. This corporation owes the	current year Inta		
24	25	29 3	0			Personal Property Tax.	Bosistarad	Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Name	<u> </u>	10. Name and Address of Ne	w registered /	<u> </u>	
SCH	RADER, JEROME G.								
37837 MERIDIAN AVE			82	Street	(Addres	ss (P.O. Box Number is Not Acc	eptable)		
	E 314		83						
DAD	E CITY FL 33525		84	City				85 Zip (Code
				•		-	<u>FL</u>	. []	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was auti	, the above	e-named	t corpor	ration submits this statement for 's board of directors. I hereby a	the purpose of coept the appoin	changing its ntment as re	registered gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes			,			•
SIGNATURE						-	DATE		
12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	13.	t signature	required w	when reinstating) ADDITIONS/CHANGES TO		D DIRECTO)RS IN 12
TITLE			1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	SCHRADER, JEROME G.		1.2 NAME						
STREET ADDRESS	37837 MERIDIAN AVE., STE 31	4	1.3 STREET	FADDRESS	3				
CITY-ST-ZIP	DADE CITY FL		1.4 CITY-ST	T-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME	LARKIN, JON		2.2 NAME				-		
STREET ADDRESS	P O BOX 1747 NA		2.3 STREET	ADDRESS	١				
CITY-ST-ZIP	DADE CITY FL		2.4 CITY+S	T-ZIP	₩) cut			- Addition
TITLE	VP	☐ DELETÉ	3.1 TITLE					Change	☐ Addition
NAME	KIEFER, A. O.	14	3.2 NAME		_				
STREET ADDRESS	37837 MERIDIAN AVE., STE 31	4	3.3 STREET		'				
CITY-ST-ZIP TITLE	DADE CITY FL DP	☐ DELETE	3.4. CITY+S 4.1 TITLE	T-ZIP	+-			Change	☐ Addition
NAME	VOGEL, JOHN T.		4.2 NAME					_ ,	_
	37837 MERIDIAN AVE., STE 31	i A	4.3 STREET	T ADODESS					
STREET ADDRESS CITY-ST-ZIP	DADE CITY FL	7	4.4 CITY-S1		'				
TITLE	D D	☐ DELETE	5.1 TITLE	, 411	1		 ,	☐ Change	☐ Addition
NAME	SCHRADER, THOMAS A.		5.2 NAME			· ·	•		-
STREET ADDRESS	1042 N. CURLEY ST		5.3 STREET	ADDRESS	;	•			
CITY-ST-ZIP	SAN ANTONIO FL		5.4 CITY-ST	T- ZIP					
TITLE	D	☐ DELETE	6.1 TITLE		1			Change	☐ Addition
NAME	PHILLIPS, RANDALL L.		6.2 NAME				•		
STREET ADDRESS	37837 MERIDIAN AVE., STE 31	4	6.3 STREET	ADDRESS	3				

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

DADE CITY FL