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

PROFIT CORPORATION ANNUAL REPORT 1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K34906

(3)

STEGER & STEGER, P.A.

上於 的故意 我们是我们是这些人,我们就是一个人的人,我们就是一个人的人,我们就是我们的人,我们也不是一个人的人,我们也不是一个人的人,我们也会会会会会,我们也会

FILED Apr 27 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Ac	Mailing Address					**** *****			
C/O SAM T. STEGER 301 EAST OCEAN BLVD., STE. 310 STUART FL 34994		301 EAST	C/O SAM T. STEGER 301 EAST OCEAN BLVD., STE. 310 STUART FL 34994				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 09/28/1988		****		
2. Principal Pi	ace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number		A	optied For	
21		26	26				AF AA3E44A			ot Applicable	
Suite, Apt.	#, etc	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22		27					5. Certificate of Status Desired	<u>. </u>	Fee Re	equired	
City & State	Э	City & S	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	28				Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	[— Сог	intry		8. This corporation owes or has p	aid the cu	rrent year int	angible	
24	25	59		30	,		Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
STEGER, SAM T.					81	Name				ļ	
	EAST OCEAN BLVD.		ŀ			Street A	ddress (P.O. Box Number is Not Accepta	ble)			
	ITE 310										
STU	Jart fl 34994				83						
					84	City		FL.	85 Zip	Code	
44 Durmunt t	to the provisions of Sections 607 0	502 and 607 1609	Florido Statuto	n the el		namad a	orporation submits this statement for the	21150000 0	f abanaina it	a rapiatarad	
office or re	egistered agent, or both, in the Sta	te of Florida, Such	change was a	uthorize	d by	the corpo	oration's board of directors. I hereby acce	pt the app	pointment as	registered	
agent Lar SIGNATURE	m tamiliar with, and accept the obt	igations of Section	1 607.0505, Fior	rida Stat	utes	.					
Olditarone .	Signature, typed or printed name of my sterest r	igent and the diapplicabl	a (NO11	: Registere	d Age	n: signature n	aquired when reinstating)	DATE			
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	TOVPS		DELETE	1,1 TO	TLE	1			Change	☐ Addition	
NAME	STEGER, SAM T.			1.2 N/	AME						
STREET ADDRESS	301 E OCEAN BLVD., #310	1	1.3			ADDRESS					
CITY-ST-ZIP	STUART FL			1.4 CI	TY-S	T - 21P					
TITLE	OP		L_] DELETE	2.1 10	TLE	- 1			☐ Change	Addition	
NAME	STEGER, KAREN O.			2.2 N/	AME						
STREET ADDRESS	301 E OCEAN BLVD., #310			2.3 S1	REET	address					
CITY-ST-ZIP	STUART FL			2 4 0	ITY-S	T - ZIP					
TITLE			DELETE	31 Ti	TLE	J	<u></u>		Change	Addition	
NAME				3.2 N/	AME	{					
STREET ADDRESS				3.3 \$1	REFT	ADDRESS					
CITY-ST-ZIP				3.4. C	ITY-S	t - ZIP					
TITLE			DELETE	4.1 TC	TLE	T			Change	Addition	
NAME				4. 2 N	AME	1					
STREET ADDRESS				4.3 ST	REET	ADDRESS				j	
CITY-ST-ZIP				4.4 CI	TY - 51	r- 71P					
TITLE			DELETE	5.1 TI	TLE				Change	Addition	
NAME				5.2 NA	ME	- 1				1	
STREET ADDRESS				5.3 \$1	REET	ADDRESS					
CITY-ST-ZIP				5.4 CI	TY-SI	r-zie					
TITLE			DELETE	61 Tr					Change	Addition	
NAME				62 NA	ME	- 1				ł	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 CI						ļ	

14. Thereby 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 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 on an attachment with an address.

worker,

U.20. G8 511 082-8888