


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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K37918 (5) 1. Corporation Name STEADMAN STEEL FABRICATORS, INC.			
Principal Place of Business % NORA M. STEADMAN 711 CENTRAL FLORIDA PKWY ORLANDO FL 32824-8501		Mailing Address % NORA M. STEADMAN 711 CENTRAL FLORIDA PKWY ORLANDO FL 32824-8501	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Debra Konieczny 27 Suite, Apt. #, etc. 28 711 Central Florida Pkwy. 29 Orlando, FL 32824 30 Orange	
9. Name and Address of Current Registered Agent STEADMAN, NORA M. 711 CENTRAL FLORIDA PKWY ORLANDO FL		10. Name and Address of New Registered Agent 81 Name 82 Debra Konieczny 83 Street Address (P.O. Box Number is Not Acceptable) 84 711 Central Florida Pkwy. 85 City 86 Orlando 87 FL 88 Zip Code 89 32824	
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 Debra Konieczny, Treasurer Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE P NAME STEADMAN, NORA M STREET ADDRESS 2746 ORCHID LANE CITY-ST-ZIP KISSIMMEE FL TITLE S NAME STEADMAN, LAURD H STREET ADDRESS 2746 ORCHID LANE CITY-ST-ZIP KISSIMMEE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE President 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE Vice President 3.2 NAME Michael C. Steadman 3.3 STREET ADDRESS 1254 Liza Street 3.4 CITY-ST-ZIP St. Cloud, FL 34771 4.1 TITLE Treasurer 4.2 NAME Debra Konieczny 4.3 STREET ADDRESS 2143 Caribbean Dr. N. 4.4 CITY-ST-ZIP Kissimmee, FL 34741 5.1 TITLE Secretary 5.2 NAME Melanie Wright 5.3 STREET ADDRESS 1100 Carrie Lane 5.4 CITY-ST-ZIP Kissimmee, FL 34741 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/10/1988	
4. FEI Number 59-2912687	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE Debra Konieczny, Treasurer

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEADMAN, NORA M	
STREET ADDRESS	2746 ORCHID LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEADMAN, LAURD H	
STREET ADDRESS	2746 ORCHID LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael C. Steadman
3.3 STREET ADDRESS	1254 Liza Street
3.4 CITY-ST-ZIP	St. Cloud, FL 34771
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Debra Konieczny
4.4 CITY-ST-ZIP	2143 Caribbean Dr. N. Kissimmee, FL 34741
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	Melanie Wright
5.4 CITY-ST-ZIP	1100 Carrie Lane Kissimmee, FL 34741
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 in an attachment with an address.

SIGNATURE: Laurd H. Steadman, President

01/15/98 407-856-0604

CR2E034 (10/97)