FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K99487** **(6)**

1. Corporation Name
STEELCAD INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~2265 LEE RD.~~ ~~STE. 201~~ ORLANDO FL ~~32789~~ US	~~2265 LEE RD.~~ ~~STE. 201~~ ~~WINTER PARK FL 32789~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 06/02/1994

2. Principal Place of Business
21: 831 N. Irma Ave.
22: Suite, Apt. #, etc.
23: City & State: Orlando, FL
24: Zip: 32803 25: Country: USA

2a. Mailing Address
26: 831 N. Irma Ave
27: Suite, Apt. #, etc.
28: City & State: Orlando, FL
29: Zip: 32803 30: Country: USA

4. FEI Number: 59-3043801 ☐ 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

GALLOWAY, BENJAMIN L.
~~2265 LEE ROAD~~
~~SUITE 201~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 831 N. Irma Ave.
83
84 City: Orlando FL 85 Zip Code: 32803

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] 4-24-95
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	P	11 TITLE	President	☒ Change ☐ Addition
NAME	GALLOWAY, BENJAMIN	12 NAME	Benjamin Galloway	
STREET ADDRESS	2265 LEE ROAD, STE. 201	13 STREET ADDRESS	831 N. Irma Ave	
CITY ST ZIP	WINTER PARK FL	14 CITY ST ZIP	Orlando, FL 32803	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 added, or attached with an address.

SIGNATURE: [signature] 4-24-95 407-849-0010
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Ben Galloway

0044284 CP