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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

154687 **DOCUMENT #** 

(3)

1. Corporation Name  STEINMETZ CONSTRUCTION & DEVELOPMENT, INC.  Principal Place of Business Mailing Address  107 E LADY LAKE BLVD LADY LAKE FL 32159  LADY LAKE FL 32159								
CADI DAKE	FE 32139	ENDI CHIC TE SETS	,		3. Date Incorporated or Qualified	3a. Date of	Last Rep	port
					03/01/1990	03/	16/199	
<del>-</del>	ace of Business	2a. Mailing Address			4, FEI Number 59-3057965		<del></del>	pplied For ot Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desired		Fee R	equired
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Added to Fee		,		
7/0	Country	28 Zip	Cour	ntrv	Trust Fund Contribution  8. This corporation has liability for its			
Ζιρ <b>24</b>	25	29	30	,		□ No	J. 100	, 55,552,
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	legistered Ag	ent	
				81 Name				
STEINMETZ, LEO P. 107 E LADY LAKE BLVD LADY LAKE FL 32159				82 Street Add	ress (P.O. Box Number is Not Acceptable)			
				83				
נאטונ	ANC I C OE 109		}	84 City			85 Zip	Code
					ration submits this statement for the pur	PL		
familiar wi	th, and accept the obligations of, Sec	tion 607.0505, Florida Statute	zeo by trie c s.	orporation's boa	and of directors. I hereby accept the app			Ü
familiar wi	Signature, typod or printed name of registered agor	nt and title If applicable (N	S. OTE Registered	Agent signature require		DATE		
familiar wi	Signature, typod or printed name of registered agor	tion 607.0505, Florida Statute	S.	Agent signature require	ed when reinstating)	DATE ICERS AND D		
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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 without address. 1-22-96 352-763-9009

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR