

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L54687** (3)  
1. Corporation Name  
**STEINMETZ CONSTRUCTION & DEVELOPMENT, INC.**

Principal Place of Business <b>POST OFFICE BOX 217 LADY LAKE FL 32159</b>	Mailing Address <b>POST OFFICE BOX 217 LADY LAKE FL 32159</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>108 S Old Dixie Hwy</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>108 S. Old Dixie Highway</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/01/1990</b>
22 City & State 23 <b>Lady Lake, FL</b>		27 City & State 28 <b>Lady Lake, FL</b>		4. FEI Number <b>59-3057965</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
24 <b>32159</b> 25 <b>USA</b>		29 <b>32159</b> 30 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>STEINMETZ, LEO P. 107 E LADY LAKE BLVD LADY LAKE FL 32159</b>		10. Name and Address of New Registered Agent		

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>108 S. Old Dixie Highway</b>
83	84 City <b>Lady Lake</b> FL 85 Zip Code <b>32159</b>

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 **Leo P. Steinmetz**  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3-26-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINMETZ, LEO P.</b>	1.2 NAME	
STREET ADDRESS	<b>3718 LAKE GRIFFIN RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINMETZ, NANCY P.</b>	2.2 NAME	
STREET ADDRESS	<b>3718 LAKE GRIFFIN RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: **Nancy P. Steinmetz** **3-26-98** **352-753-9001**

CR2E034 (10/97)