

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

FILED

May 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
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DOCUMENT # L73390 (1)
 1. Corporation Name
STEAMBOAT SPRINGS, INC.



Principal Place of Business 148 KAHIKI DR. TAVERNIER FL 33070 US	Mailing Address 148 KAHIKI DR. TAVERNIER FL 33070 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1794 Roscoe Turner Trail Suite, Apt. #, etc. 22 City & State 23 DAYTONA BEACH, FL Zip 24 3. 25 USA		2a. Mailing Address 26 1794 Roscoe Turner Trail Suite, Apt. #, etc. 27 City & State 28 DAYTONA BEACH, FL Zip 29 32124 30 USA		3. Date Incorporated or Qualified 05/16/1990	4. FEI Number 65-0304611	Applied For <input 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BURTON, JOLENE M 148 KAHIKI DRIVE TAVERNIER FL 33070				10. Name and Address of New Registered Agent 81 Name JOLENE M BURTON 82 Street Address (P.O. Box Number is Not Acceptable) 1794 ROSCOE TURNER TRAIL 83 84 City DAYTONA BEACH FL 85 Zip Code 32124			
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURTON, KARL O			1.2 NAME			
STREET ADDRESS	148 KAHIKI DRIVE			1.3 STREET ADDRESS	1794 Roscoe Turner Trail		
CITY-ST-ZIP	TAVERNIER FL			1.4 CITY-ST-ZIP	Daytona Beach, FL 32124		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEPPARD, DEBORAH			2.2 NAME			
STREET ADDRESS	88539 OVERSEAS HWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAVERNIER FL 33070			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURTON, JOLENE M			3.2 NAME			
STREET ADDRESS	148 KAHIKI DR.			3.3 STREET ADDRESS	1794 Roscoe Turner Trail		
CITY-ST-ZIP	TAVERNIER FL 33070			3.4 CITY-ST-ZIP	Daytona Beach, FL 32124		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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: *Jolene M Burton*

4/27/98

904
304-6181

CR2034 (10/97)