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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N35256** **(9)**

1. Corporation Name

FLORIDA LIVE STEAMERS SOUTHERN DIVISION INC.

Principal Place of Business	Mailing Address
C/O BETTE GOODWIN 4960 N.W. 15TH STREET LAUDERHILL FL 33313	C/O BETTE GOODWIN 4960 N.W. 15TH STREET LAUDERHILL FL 33313-5515

3. Date Incorporated or Qualified: 11/14/1989
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21 TRADEWINDS PARK
Suite, Apt. #, etc.
22 3600 WEST SAMPLE RD
City & State
23 COCONUT CREEK, FL
Zip 24 33073 Country 25 ~~BROWARD~~ USA

2a. Mailing Address
26 (NO CHANGE)
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0171880 ☐ 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

ARCHER, EDWARD
7383 HIGH RIDGE ROAD
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HANGE, LOY		1.2 NAME	BRUNO, PHILIP	
STREET ADDRESS	6110 ROYAL PALM BCH BLVD		1.3 STREET ADDRESS	2740 NE 8 TERR	
CITY-ST-ZIP	ROYAL PALM BCH FL		1.4 CITY-ST-ZIP	POMPANO BCH, FL 33064-5316	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	BRUNO, PHILIP		2.2 NAME	KAUFMAN, GENE	
STREET ADDRESS	2740 NE 8 TERR		2.3 STREET ADDRESS	6771 SW 74 TERR	
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143	
TITLE	ST	☐ DELETE	3.1 TITLE	ST	☐ Change ☐ Addition
NAME	GOODWIN, BETTE		3.2 NAME	(SAME)	
STREET ADDRESS	4960 NW 15 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	DOLAN, PAUL		4.2 NAME	(SAME)	
STREET ADDRESS	1950 SW 7 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BATES, ROBERTS		5.2 NAME	ARCHER, TARA	
STREET ADDRESS	106 E. BEVERLY RD.		5.3 STREET ADDRESS	9383 HIGH RIDGE RD	
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LOGAN, RUSS		6.2 NAME	HOLLAHAN, JONATHAN	
STREET ADDRESS	1300 SUNSET STRIP		6.3 STREET ADDRESS	701 SANDALWOOD LANE	
CITY-ST-ZIP	SUNRISE FL		6.4 CITY-ST-ZIP	PLANTATION, FL 33317	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bette Goodwin SIGNATURE REQUIRED 4-28-97 (954) 735-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0034837
BETTE GOODWIN - SECRETARY/TREASURER