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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000002666 (2)

STEAMBRITE OF BOCA, INC.

Principal Place of Business Mailing Address 2880 NW 2ND AVENUE BAY 4 2880 NW 2ND AVENUE BAY 4 ROCA RATON FL 33431 **BOCA RATON FL 33431**

FILED Jan 23 1997 8:00am Secretary of State

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	. 2 90701							
					3. Date incorporated or Qualified 01/11/1995	3a. Date 01/31/		port
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	1 - 1 - 1		olied For
21		26			65-0544273			Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				Δ	\$8.75 A	
22		27			5. Certificate of Status Desired	~ ?	Fee Rec	
City & Star	te	City & State			6. Election Campaign Financing		\$5.00	May Re
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for in	ntangible tax	under s.	199.032.
24	25	29	30		1	Yes 🔲		,
	9. Name and Address of Curre	ent Registered Agent		~ /************************************	10. Name and Address of New Re	stered Age	ent	
FÓR	K, STEVEN			81 Name				
	NW 2ND AVENUE BAY 4			82 Street Addr	ess (P.O. Box Number is Not Acceptab			
	A RATON FL 33431			oz Street Addin	ess (F.O. 60x Nomber is Not Acceptab	e)		1
				83				
				84 City		FL ^l	85 Zip C	lode
11. Purguant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s the a	bove-named corn	oration submits this statement for the o		anging its	registered
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flor	uthorize rida Sta	d by the corporationes.	oration submits this statement for the p ion's board of directors. I hereby accep	t the appoin	tment as r	egistered
SIGNATURE	Signature typed or printed name of registered as	gert and title if topticable (NOTE:	: Registere	d Agent signature require	ed when reinstaling)	DATE		·
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTOR:	3 IN 12
TITLE	D	☐ DELETE	1.1 TI	TLE			Change	Addition
NAME	FORK, STEVEN		1.2 N	AME				
STREET ADORESS	2880 NW 2ND AVENUE BAY 4	1	135	IREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33431			TY-ST-ZIP				
TITLE	D	DELETE	217				Change	Addition
NAME	FORK, CAROL		22 N	1			,	
STREET ADDRESS	2880 NW 2ND AVENUE BAY 4	1		TREET ADDRESS		4		
	BOCA RATON FL 33431	•		1	•67	a dy		
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l						<u> </u>	1 enange	roution
NAME			3.2 N	· ·				
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CITY-S1-ZIP		Priese		ITY - ST - ZIP			105	1 (44)
TITLE		☐ DELETE	4.1 (1			L) Change	Addition
NAME			4.21	IAME	•			
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP			4.4 €	ITY - ST - ZIP				
TITLE		DELETE	5.1 TI	TLE			Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET ADDRESS				
CITY-ST-ZIP			5.4 C	ITY-SI-ZIP				
TITLE		☐ DELETE	61 T				Change	Addition
NAME			6.2 N				-	
STREET ADDRESS				TREET ADDRESS				
			1					
CITY - ST - ZIP	<u> </u>		6.4 C	ITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not quality 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 proof in frue 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 trust of employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chanted, or on an attachment with an address.

SIGNATURE: