FILE	E NOW: FI	LING FEE A	FTER MAY 1	IS \$22	5.00						
{ · · · · · · · · · · · · · · · · · · ·	PROFIT		FLORIDA DEI	PARTMENT	DF STATE						
CORPORATION Sandra B. ANNUAL REPORT Secretary											
	1996		•/	F CORPORA							
<u> </u>	MENT #	P95000	002812 (2)							
-	E STEERING	, INC.									
Principal Place	of Business	···· · · · · · · · · · · · · · · · · ·	Mailing Address				 	I ODIA BOAT ODIA		II TABUK AKUK AKUK	
100 CIRCUIT NOKOMIS F			100 CIRCUIT ROAD NOKOMIS FL 34275								
							3. Date Incorporated or Qualified 01/11/1995	3a. Date o	Last Re	eport	
2. Principal Place of Business 21			2a. Mailing Address 26				4. FEI Number			Applied For	_
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				65-0557747 5. Certificate of Status Desired	····		Not Applicable Additional	-
22 City & State			27 City & State				· -· -· · · · · · · · · · · · · · · · ·	<u> </u>		Required	
23			28				6. Election Campaign Financing Trust Fund Contribution			D May Be I to Fees	
Zip 24	25	ountry	Zıp 29	Country 30			 This corporation has liability for Florida Statutes Yes 	intangible tax u	inder s	199.032,	
		Address of Current F	L_I				10. Name and Address of New F		ent		
CT COF	RPORATION SY	STEM			B1 Name						
1200 S.	. PINE ISLAND I	ROAD			82 Street	: Addres	s (P.O. Box Number is Not Acceptat	ile)			
PLANT/	ATION FL 33324				83						
				F	84 City			FL	85 Zip	Code	
11. Pursuant t	to the provisions of ed agent, or both,	Sections 607.0502 ar	d 607.1508, Florida Stati Such change was author	ites, the abovited by the o	/e named o	corporal s board	ion submits this statement for the pu of directors. I hereby accept the app	rpose of chang ointment as re	ing its re	egistered office agent. Lam	۶Ì
familiar wit	th, and accept the	obligations of, Section	607.0505, Florida Statut	US.						-3	
SIGNATURE	Signature, typed or printe	d name of registered agent and		VOTE: Registerers	Agent signature	responded a	· · · · · · · · · · · · · · · · · · ·	DA"Ł			_
12. TITLE	OFFICERS AND DIRECT			13.	energy and the second second second		ADDITIONS/CHANGES TO OFF esident		RECTO Change	Addition	72E034 (12/95)
NAME				1.2 NA			thur R. Templeman				34 (
STREET ADDRESS GITY-ST-ZIP					REET ADORESS Y - ST - ZIP		49 Quail Lake Drive nice, FL 34293	2			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TILE	The series of the second second second second second		DELETE	2 1 11			cretary/Treasurer		Change	Add tion	15
				2.2 NA			n C. Templeman				
STREET ADDRESS				·	REET ADDRESS Y+ST-ZIP	13	103 W. 130th St. erland_ParkKS_662	13			.
TALE			DELETE	3 1 1)					Change	Addition	1
NAME STREET ADDRESS				3 2 NAI 3 3 SI	ME REFT ADDRESS						
CITY-ST-ZIP					Y - ST - ZIP						
11TLE NAME			DÉLETE	4 1 TIT 4 2 NAI					Change	Addition	Ì
STREET ADDRESS					vie Hef ! Address						
CITY-ST-ZIP				· • • · · · •	Y - ST - ZIP						
TITLE NAME			DELETE	5 * 111 5 2 NAI					Change	Addition	
STREET ADDRESS					 Reft address						
CITY-ST-ZIP TITLE			DELETE		Y•\$r-zip				Change	Addition	_
NAME				6 1 11 6 2 NA					enen fie		
STREET ADDRESS				6 3 STF	REET ADDRESS						
CITY-ST-ZIP 14. I do hereb	y certify that the in	ormation supplied with	this filing is voluntarily fu	mished and c	Y-St-ZiP loes not qu	alify for	the exemption stated in Section 119	07(3)(k), Florid	a Statule	es. I further	_
certify that oath; that	the information inc I am an officer or c	dicated on this annual i lirector of the corporati	report or supplemental ar	inual report is lee empowere	true and a	coúrate	and that my signature shall have the eport as required by Chapter 607, Fl	same legal eff	ect as if	made under	
			}								