

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT**



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

1996 7-22-96

B-7363

**DOCUMENT # P95000007152 (8)**

1. Corporation Name

**STEELERVEST, INC.**



Principal Place of Business

Mailing Address

**W. WALTER MCCRORY  
1512 E. BROWARD BLVD., SUITE 200  
FT. LAUDERDALE FL 33301**

**W. WALTER MCCRORY  
1512 E. BROWARD BLVD., SUITE 200  
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21 State Apt. # etc.

26 State Apt. # etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified  
**01/27/1995**

3a. Date of Last Report

4. FEI Number  
**65-0561391**

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 elected to forgoing the benefits of the Florida Statutes  
☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name  
**W. WALTER MCCRORY**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1512 E. BROWARD BLVD #200**  
 83 City  
**FT. LAUDERDALE**  
 84 State  
**FL**  
 85 Zip  
**33301**

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(1)(b), Florida Statutes, the above-named corporation submits this statement for the purpose of continuing its corporate existence in the State of Florida. Such statement was authorized by the corporation's board of directors. Thereby, the corporation certifies that the information furnished is true and correct.

SIGNATURE

*W. Walter McCrory*  
**W. WALTER MCCRORY**

**6-17-96**

12. OFFICERS AND DIRECTORS

12.1 TITLE  
**DAST**  
 12.2 NAME  
**HENRY J. LANGSENKAMP**  
 12.3 STREET ADDRESS  
**615 LIDO DRIVE**  
 12.4 CITY, ST, ZIP  
**FT. LAUDERDALE FL 33301**  
☐ DELETE  
 12.5 TITLE  
☐ DELETE  
 12.6 NAME  
☐ DELETE  
 12.7 STREET ADDRESS  
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 12.8 CITY, ST, ZIP  
☐ DELETE  
 12.9 TITLE  
☐ DELETE  
 12.10 NAME  
☐ DELETE  
 12.11 STREET ADDRESS  
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 12.12 CITY, ST, ZIP  
☐ DELETE  
 12.13 TITLE  
☐ DELETE  
 12.14 NAME  
☐ DELETE  
 12.15 STREET ADDRESS  
☐ DELETE  
 12.16 CITY, ST, ZIP  
☐ DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1 TITLE  
☐ Change ☐ Add  
 13.2 NAME  
☐ Change ☐ Add  
 13.3 STREET ADDRESS  
☐ Change ☐ Add  
 13.4 CITY, ST, ZIP  
☐ Change ☐ Add  
 13.5 TITLE  
☐ Change ☐ Add  
 13.6 NAME  
☐ Change ☐ Add  
 13.7 STREET ADDRESS  
☐ Change ☐ Add  
 13.8 CITY, ST, ZIP  
☐ Change ☐ Add  
 13.9 TITLE  
☐ Change ☐ Add  
 13.10 NAME  
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☐ Change ☐ Add  
 13.13 TITLE  
☐ Change ☐ Add  
 13.14 NAME  
☐ Change ☐ Add  
 13.15 STREET ADDRESS  
☐ Change ☐ Add  
 13.16 CITY, ST, ZIP  
☐ Change ☐ Add

14. I, the undersigned, certify that the information required by this form is true and correct and does not qualify for the exemption stated in Section 119.04(3)(b), Florida Statutes, further certifying that the information required by this form is true and correct and does not qualify for the exemption stated in Section 119.04(3)(b), Florida Statutes, and that the information required by this form is true and correct and does not qualify for the exemption stated in Section 119.04(3)(b), Florida Statutes.

**SIGNATURE:**  
*Henry J. Langsenkamp*  
**HENRY J. LANGSENKAMP**

**7/16/96 3057720440**

CR2E034 (3-96)