

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

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # P95000024641 (9)

1. Corporation Name

STEEL DREAMS, INC.

Principal Place of Business

290 WENTWORTH DRIVE  
STUART FL 34996

Mailing Address

290 WENTWORTH DRIVE  
STUART FL 34996-4712



2. Principal Place of Business

21 2605 ORANGE AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 2605 ORANGE AVE  
Suite, Apt. #, etc.

City & State

23 Ft Pierce FL

City & State

28 Ft Pierce FL

Zip

24 34950

Country

25 St Lucia

Zip

29 34950

Country

30 St Lucia

9. Name and Address of Current Registered Agent

MESQUITA, JAY  
290 WENTWORTH DRIVE  
STUART FL 34996

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0568062

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

10. Name and Address of New Registered Agent

81 Name

Alfred N. Fontaine III

82 Street Address (P.O. Box Number is Not Acceptable)

2605 ORANGE AVE

83

84 City

Ft Pierce

FL

85 Zip Code

34950

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

*[Signature]*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-29-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MESQUITA, JAY  
STREET ADDRESS 290 WENTWORTH DRIVE  
CITY-ST-ZIP STUART FL 34996 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME ALFRED N. FONTAINE III  
1.3 STREET ADDRESS 2605 ORANGE AVE  
1.4 CITY-ST-ZIP FT PIERCE FL 34950 ☒ Change ☐ Addition

2.1 TITLE S  
2.2 NAME JAY MESQUITA  
2.3 STREET ADDRESS 290 WENTWORTH DR.  
2.4 CITY-ST-ZIP STUART FL 34996 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-97 (561) 460-6260

Date

Daytime Phone #

0472134

CR2E034 (9/96)