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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039751 (9)

FULTON STEAMER, INC.

FILED Jan 26 1998 8:00am Secretary of State

| 1021 | | | | | | |
|--|--|------------------------------------|-----------------------|-----------------------|---|-------------------------------------|
| Principal Plac | e of Business | Mailing Address | | | | IDA INIID EDIN IBUDI BIIDI INI IDDI |
| ' | | v | | | | |
| 18459 PINES BLVD SUITE 102 | | SUITE 102 | 18459 PINES BLVD | | | |
| PEMBROKE PINES FL 33029 | | PEMBROKE PINES FL 33029 | | DO NOT WRITE IN TH | IIS SPACE | |
| US | | US | | | 3. Date incorporated or Qualified | |
| | | | | | 05/18/1995 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | s] | | 65-0585399 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | 27 | | 6. Certificate of Status Desired | Fee Required |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the | current year Intangible |
| 24 | 25 | | 30 | | Personal Property Tax due June 30. | Yes No |
| | g. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Register | ed Agent |
| BEIDEMAN, MARK 81 Name | | | | | | |
| 1140 NORTH WEST 184TH TERRACE | | | | 2 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| PEMBROKE PINES FL 33029 | | | | | | |
| | | | 8 | 3 | | |
| | | | á | 4 City | | 85 Zip Code |
| · | | | | City | · F | L S Zip Code |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submils this statement for the purpose of changing its rec | | | | | | |
| 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE Mal Barolemo- 1/16/98 | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | | Registered A | igent signature requi | red when reinstating) DATI | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | PT DELETE 1.1 TI | | 1.1 TITLE | | | Change Addition |
| NAME | BEIDEMAN, MARK | | 1.2 NAM | E | | |
| STREET ADORESS | 1140 NW 184 TERRACE | | 1.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | 1.4 CITY | - ST- ZIP | | |
| TITLE | PS | ☐ DELET E | 2 1 TITLE | | | Change Addition |
| NAME | BEIDEMAN, TRACIE | | 2.2 NAM | E | | |
| STREET ADDRESS | 1140 NW 184 TERRACE | | | ET ADDRESS | | |
| CITY+ST-ZIP | PEMBROKE PINES FL | | 2. 4 CITY | r - ST - ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAM | E | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | | | | '- ST - ZIP | | |
| TITLE | | DELETE | 4.1 1111 | | | Change Addition |
| NAME | | - | 4. 2 NAM | | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY | | | |
| TITLE | | ☐ DELET É | 5.1 TITLE | | | Change Addition |
| NAME | | | 5.2 NAM | | | |
| | | | | | | |
| STREET ADDRESS | | | | E1 ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY 6.1 TITLE | | | Change Addition |
| TITLE | _ | | 6 1 TITLE | 1 | | CT Amenia (TT verilian) |
| NAME | | | 6.2 NAM | | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | portific that the information according | th this filing does not qualify to | 6.4 CITY | | Section 119 07(3)(i) Florida Statutes Hurther | contifue that the information |

4. I 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.

CIGNATURE: Mark B

1/16/98

(954) 436-0060

CR2E034 (10/97)