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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000052581 (2) THE STEED, INC.					
Principal Place of Business	Mailing Address				
9718 TRAILS END LONGWOOD FL 32779	P.O. BOX 851858 LAKE MARY FL 32795-1958				
			3. Date Incorporated or Qualified	3a. Date of Las	•
2. Principal Place of Business	28. Mailing Address		<b>06/26/1995 4.</b> FEI Number	05/01/199	
21	26. Walling Mooress		59-3321079	<del>- 1</del>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apl. #, etc.			60.7	5 Additional
22	27		5. Certificate of Status Desired	1 1	Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution		00 May Be
Zip Country	7 <sub>ιρ</sub>	Country	8. This corporation has liability for	intangible tax unde	
9. Name and Address of Curi	[29] rent Registered Agent	30	10. Name and Address of New Re	Yes No	
**************************************	Total Togal Control of the Control o	81 Name		ogiotoroa rigott	
COMKO, LISA 3718 TRAILS END		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
LONGWOOD FL 32779		83	indes (F.O. Box Noniber is Not Accepte		
		84 City		lnel 3	ıp Code
		104 City		FL 85 Z	ip Cooe
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the St.	9502 and 607.1508. Florida Stat ale of Florida. Such change was	utes, the above named cors authorized by the corpora	poration submits this statement for the a	purpose of changing of the appointment	g its registered as registered
agent I am familiar with, and accept the ob- SIGNATURE Signature typical or production end region real	digations of Section 607 0505, I	utes, the above named corsis authorized by the corpora- florida Statutes.  Oil Tespetered Agient Signature rea-		DATL	
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4. 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 immual report is true and accurate and that my signature shall have the same logal effect as if made under oath; the Lam an officer or director of the corporation or the receiver or frustee 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:

OMDanol IP.

S.MEDANIPL V.P.

1-2097

(401) - 829 - 2277

**FILED** 

Apr 16 1997 8:00am

Secretary of State