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**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000052780 (0)	
THE STEELE COM	PANY	
Principal Place of Business	Mailing Address	
AND PER ALIERING	MAC OTH ALCOHOLD	



Principal Plac	ce of Business	Mailing Address				
325 5TH AV		325 5TH AVENUE INDIALANTIC FL 329	nna			
			•••		3. Date incorporated or Qualified 07/07/1995	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26			59-3337691	Not Applicab
Suite, Apt.	.#.etc	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat		Crty & State				Fee Required
23	ie.	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	gistered Agent
M	OSLEY, CURTIS R			81 Name		
	221 EAST NEY HAVEN AVENUE		}	82 Street Add	fress (P.O. Box Number is Not Acceptable	la)
	ELBOURNE FL 32901			or or nou	areas (ia. box Humber is Not Acceptable	10)
1 ""	ELDOORNE I'L 32301			83		
•			-	84 City		85 Zip Code
L.	•			OT CITY		FL FL FL FL FL FL FL FL
•	am familiar with, and accept the oblig	ations of, Section 607.0505,	rionga statu	.00		
agent La SIGNATURE 12.	Signature typed or printed name of registered ag-				aired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
agent 1 a SIGNATURE	Signature hyped or printed name of registered as OFFICERS AN	ent and title if applicative ((NOTE Registered	Agent signature requ		
agent 1 a SIGNATURE 12.	Signature hyped or printed name of registered appointment of PD STEELE, SCOTT	ent and little if applicative ((NOTE Registered	Agent signature requ		CERS AND DIRECTORS IN 12
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made under oath, that are noticed of the corporation or the recover or trustee empowered to execute this report as required by Chapter 617, Fiorida Statutes, and that my name appears in Block 12 or Block 13 if changed, as on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Claude W. Steppe 7/3/96 407-724-5252