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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000059471 (9)

STEINHAUSEN, INC.

Principal Place of Business	Mailing Address	-			
13402 BOLTON COURT SPRING HILL FL 34609 US	13402 BOLTON COURT SPRING HILL FL 33609				
2. Principal Place of Business	2a. Mailing Address				
2. Principal Place of Business  21  Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.				
21	26				

**FILED** Feb 16 1998 8:00am Secretary of State



					<u> </u>				
Principal Pla	ce of Business	Mailing Address							
13402 BOLT		13402 BOLTON COURT							
Spring Hill Fl 34609 US		SPRING HILL FL 33609			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qua	lified			
					08/01/1995				
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	-	Ap	plied For	
21		26		····	59-3332000		<del></del>	t Applicable	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desire	·	\$8.75 Additional		
27					резійрен ев-			· <del>·</del>	
City & Sta	ile	<b>⊢</b>	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
23 Zin	Country		Zip Country			·			
Zip		- F¬ ' - F-	_	У	This corporation owes or I     Personal Property Tax due			angibie 7 No	
24	9. Name and Address of Curret		<u> </u>		10. Name and Address of N				
	ANEY, RICHARD H		B1	Name.					
	DI E. KENNEDY BLVD.		_	WH	WTRHUT STE	IN IT HUS	SCN		
	UITE 3170		82	Street Addr	ress (P.O. Box Number is Not Acc) 2 BOLTON C	zeptable)			
TAMPA FL 33602			83	•					
"	AIII A I E GOODE		_		ING HILL			0	
			84	1 16	34609	FL	_     '	Code	
	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig		the about thorized to da Statute	ve-named corporates.  J. #/_N.T. R. 14-1	poration submits this statement for the statemen	r the purpose of accept the ap	of changing it pointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered age				red when reinstating)	DATE	<u> </u>		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	PST	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	STEINHAUSEN, WALDTRAUT	•	1.2 NAME	:					
STREET ADDRESS			1.3 STREE	ET ADDRESS					
CITY-ST-ZIP	SPRING HILL FL 33609		1.4 CITY-	ST-ZIP					
TITLE	V	☐ DELETE	2.1 TITLE	.			L Change	noilibbA 🗔	
NAME	STEINHAUSEN, HELLMUTH		2.2 NAME						
STREET ADDRESS			2.3 STREE	ET ADDRESS				İ	
CITY-ST-ZIP	SPRING HILL FL 33609	· · · · · · · · · · · · · · · · · · ·	2 4 CITY			· · · · · · · · · · · · · · · · · · ·		Lare-	
TITLE		☐ DELETE	3.1 TITLE	1			Change		
NAME			3.2 NAME						
STREET ADDRESS	6			ET ADDRESS					
CITY-ST-ZIP		T of the	3.4. CITY				Chance	Addition	
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAM						
STREET ADDRESS	<b>3</b>			ET ADDRESS					
CiTY-ST-ZIP		[ ] prices	4.4 CITY-				Change	Addition	
TITLE		☐ DELETE	5.1 TITLE				L Change	☐ Munitoli	
NAME			5.2 NAME						
STREET ADDRESS	3			ET ADDRESS					
CITY-ST-ZIP	<u> </u>		5.4 CITY-	<del></del>				Augusta	
TITLE		☐ DELETE	6.1 TITLE	!			Change	Addition	
NAME			6.2 NAME	.					
STREET ADDRESS	<b>6</b>   .		6.3 STREE	ET ADDRESS					
· CITY - ST - 7IP			6.4 CITY-	-ST-ZIP					

14. 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.

- WALLERY /30 EC DENT 1-26-92 /352-688-5451 MIN TON IT WAS