

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90006 006 \*\*\*150.00

DOCUMENT # P 96000001202

1. Corporation Name

CL Steiner, Inc. 1133 W. Central Blvd. ORL 32805

Principal Place of Business

Mailing Address

1133 W. Central Blvd.  
ORL FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Jan 26. 96

4. FEI Number

593366543

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRES.  
RON NOE  
PO Box 165  
7921 William Rd.  
Clarcoga FL 32710

81 Name

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

83

84 City

FL

85 Zip Code

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: Ron Noe

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

(NOTE: Registered Agent signature required when reinstating)

4-27-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RON NOE	
1.3 STREET ADDRESS	PO Box 165	
1.4 CITY-ST-ZIP	7921 William Rd. Clarcoga, FL 32710	
2.1 TITLE	Sec./Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marcia Rhodes	
2.3 STREET ADDRESS	PO Box 165	
2.4 CITY-ST-ZIP	7921 William Rd. Clarcoga, FL 32710	
3.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John B Talkington	
3.3 STREET ADDRESS	803 Timore	
3.4 CITY-ST-ZIP	ORL FL 32804	
4.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert Schlegel	
4.3 STREET ADDRESS	1114 W. Floral Way	
4.4 CITY-ST-ZIP	Apopka 32703	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

Ronald T. Noe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

407-425-5528

Daytime Phone #

CR2E034 (11/98)