

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

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000089838 (2)**  
 1. Corporation Name  
**BEVERLY J. STEINEBRONN, P.A.**

Principal Place of Business 714 IRONWOOD COURT WINTER SPRINGS FL 32708	Mailing Address 714 IRONWOOD COURT WINTER SPRINGS FL 32708
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	10/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		59-3406339	
Zip		Country		Applied For	
24	25	29	30	Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**STEINBRONN, BEVERLY J**  
**714 IRONWOOD COURT**  
**WINTER SPRINGS FL 32708**

81 Name	<b>STEINEBRONN, BEVERLY J</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>714 IRONWOOD COURT</b>	
83		
84 City	<b>WINTER SPRINGS,</b>	85 Zip Code <b>FL 32708</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINEBROWN, BEVERLY J</b>	1.2 NAME	<b>STEINEBRONN, BEVERLY J.</b>
STREET ADDRESS	<b>714 IRONWOOD COURT</b>	1.3 STREET ADDRESS	<b>714 IRONWOOD COURT</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	1.4 CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Beverly J. Steinbronn* Date \_\_\_\_\_ Daytime Phone # 0066067

CR2E034 (10/97)