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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

he and typed or printed name of signing officer Scholenfelder, President



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90086 043 \*\*\*150.00

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DOCUMENT # P97000082655 > 1. Corporation Name

STEAM TECHNOLOGIES, INC.

Principal Place of Business 15200 Jog Road	Mailing Address				-						
15200 Jog Road											
	15200 Jog Ro	ad									
Delray Beach, FL 33446 Delray Beach, E			33426		DO NOT WRITE IN THIS SPACE						
						orporated or Qua		•			
2. Principal Place of Business	2a. Mailing Address				4. FEI Numb	per				Applied	For
ri)	26				65-0	793870				Not Ap	plicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.					of Status Desir		1	\$8.7	5 Addit	ional
2	27				5. Certificate	or Status Desir	red	]	Fee	Requir	ed
City & State	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
Zip Country	Zip	Cou	intry		<del></del>	oration owes the	e current s	vear Ini		04 10 1 0	-
4 25	29	h				Property Tax.	5 <b>G</b> arr <b>ai</b> n )	year na	x∏ Yes		lo .
9. Name and Address of Curren	t Registered Agent	11	T .			d Address of N	New Regis	stered			
FORMAN, ROBERT S.			81 Na	ne							
2101 West Commercial Blvd.	, Suite 4100	Suite 4100 82 Street			Address (P.O. Box Number is Not Acceptable)						
Fort Lauderdale, FL 33309		}	83	<del>,</del>		<del></del>	<del></del>		·		
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		,	84 Cit)					FL	85 2	ip Code	
<ol> <li>Pursuant to the provisions of Sections 607,050 office or registered agent, or both, in the State</li> </ol>	of Florida. Such change was	authorized	l by the c	ed corpor	ration submits to	his statement fo	r the purp	ose of	changing	its regis	stered
agent. I am familiar with, and accept the obliga-	tions of Section 607 0505 F	lorida Statu					p:	ррч.			
· · · · · · · · · · · · · · · · · · ·		ioriua Statu	utes.								
DIGNATURE											
Signature, typed or printed name of registered agen	it and title if applicable. (NO	TE: Registered /			when reinstating)			ATE			_ <del>-</del>
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