FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 17, 2001 8:00 am Secretary of State DOCUMENT # P98000055554 1. Entity Name • STEER-O-LITE, CORP. 05-17-2001 91308 015 ***150.00 Principal Place of Business Mailing Address 500 N RIVERSIDE DRIVE 500 N RIVERSIDE DRIVE INDIALANTIC FL 32903-3205 INDIALANTIC FL 32903-3205 2. Principal Place of Business 1530 Withita Blvd SE 1530 Wizliita Blvd SÆ Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE ity & State 4. FEI Number Applied For 59-3511995 Not Applicable Country ... \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Larry W. Paris GAROUST, ALAN G 500 N RIVERSIDE DRIVE INDIALANTIC FL 32903-3205 1530 Wichita Blyd SE or the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state, SIGNATURE me of registered agent and title if applicable. (NoTE: Registered Agent signature required when reinstating) 9. This corporation FILE NOW!!! FEE IS \$150.00 is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition GAROUST, ALAN NAME NAME STREET ADDRESS 500 N. RIVERSIDE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIATLANTIC FL 32903 TITLE TITLE ☐ Addition NAME GAROUST, YVETTE NAME STREET ADDRESS 500 N. RIVERSIDE DR STREET ADDRESS CITY-ST-ZIP INDIATLANTIC FL-32903 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment her like SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)