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**

DOCUMENT # P98000101630

FILED Jun 07, 2000 8:00 am Secretary of State

06-07-2000 90438 012 ***150.00

STEVE F	IELDS COMPANIES, INC.		V	/	İ				
Principal Plac	on of Rusiness	Mailing Address	_						
Principal Place of Business Mailing Address 203 PEREGRINE DR. P. O. BOX 34071									
INDIALANTIC FL 32903 INDIALANTIC FL 32903									
		,					TE IN THIS S	SPACE	
						3. Date Incorporated or Qualifed	1	1	1
2 Dringing C	No. of Business	2a. Mailing Address	_			12/02/1998 4. FEI Number		And	olied For
	Place of Business	26. Walling Address				59-25-45	624		Applicable
Suite, Apt.								\$8.75 A	
22	27					5. Certifcate of Status Desired		Fee Red	quired
City & Stat	de	City & State	_			6. Election Campaign Financing		\$5.00	May Be
23		28		,	·	Trust Fund Contribution		Added to	
Zip	Country	Zip		intry		8. This corporation owes the cu	-		_
24	25	29	30	,		Personal Property Tax.	_		□No
	9. Name and Address of Curre	ent Registered Agent		81 Na		10. Name and Address of New	Registered A	gent	
EIEI F	ne eteve			OI Na	ame /A	TRICIA J. (1	main	CHAR	1
FIELDS, STEVE 203 PEREGRINE DR.				82 St	reet Addres	ss (P.O. Box Number is Not Accep	· ·	7	}
INDIALANTIC FL 32903				83	<u>~O≥</u>	Peregrine	2 Y		
***************************************					. 1		_		
				84 Ci	VIN	y: Alantic	FL	85 Zip C	> 2500 5 2500
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508, Florida Stat	utes, the a	bove-nar	med corpor	ation submits this statement for the		hanging its	registered
office or r	egistered agent, or both, in the Stat im familiar with, and accept the oblic	e of Florida. Such change was rations of Section 697,0505, F	authorized	d by the outes.	corporation	's board of directors. I hereby acce		ment as reg	ustered
SIGNATURE	Charles Server	Suan 1	Atricia	UT.	(מחטי)	ingham 4/3	0/00		
SIGNATURE	Sinature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Registered	l Agent sign:	ature required v	when reinstating)	DATE		
12.	T .	AND DIRECTORS	13.		√, F	ADDITIONS/CHANGES TO O	FFICERS AND		RS IN 12 Addition
TITLE	D	☐ DELETE	1.1 11		7,1	ATRICIA J Cunn	Sohan	Change	Addison
NAME	FIELDS, STEVE		1.2 N			na Peregrine	DC	-	
	203 PEREGRINE DR.			TREET ADDI	RESS	03 Peregrine Endialantic F	7 230	2∨2	
CITY-ST-ZIP	INDIALANTIC FL 32903	☐ DELETE	2.1 Ti	TY-ST-ZIP		19179171116	<u> </u>	Change	Addition
TITLE			22 N						
NAME				TREET ADDI	DESS		چىنى <u>.</u>		
STREET ADDRESS				TY-ST-ZIP			_		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	3.1 Ti					Change	☐ Addition
NAME			3.2 N	AME		Ţ			
STREET ADDRESS			3.3 S	TREET ADDI	RESS				
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TI	TLE				Change	☐ Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 S	TREET ADD	RESS				
CITY-ST-ZIP			4.4 C	TY-ST-ZI₽					
TITLE	}	☐ DELETE	5.1 1					Change	☐ Addition
NAME			5.2 N						ľ
STREET ADDRESS				TREET ADDI	RESS				
CITY-ST-ZIP		□ pci cre	5.4 C	TY-ST-ZIP				☐ Change	Addition
TITLE		☐ DELETE	6.2 N		1				
NAME		•	1	AME TREET ADD	RESS				
STREET ADDRESS				ITY-ST-ZIP	nLoo				
			0.4 0	11-31-ZP	l				

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 affactment with an address, with all other like empowered.

SIGNATURE: