2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000022719 Mar 20, 2000 8:00 am 1. Entity Name STEER & CO., INC. **Secretary of State** 03-20-2000 90020 002 ***150.00 Principal Place of Business Mailing Address 201 OWENS AVENUE 201 OWENS AVENUE ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084-7374 3. Mailing Address 2. Principal Place of Business 2100 S.E. 17+4 STREET Suite, Apt. #, etc. Quite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite and WITE 204 Applied For 4. FEI Number City & State 59 - 3563826 Not Applicable \$8.75 Additional Koli 5. Certificate of Status Desired Fee Required 3041 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Randall L. Herndon CPA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMÉRIA AVENUE CORAL GABLES FL 33134 6622 South point Drive South, City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) "FILE NOW!!!"FEE:IS'\$150:00" 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS CR2E034 (9/99) TITLE ☐ Delete Change Addition VAN RENSBURG, A J NAME STREET ADDRESS STREET ADDRESS 201 OWENS AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32084 Delete ☐ Addition TITLE Change TITLE DER SPUY, J P NAME NAME STREET ADDRESS STREET ADDRESS 201 OWENS AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Change ☐ Addition ☐ Delete TITLE **3MAN** STREET AODRESS STREET ADDRESS -CITY - ST - ZIP.--CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME »; , 7. 马蹬膝囊,不稳断处路 STREET ADDRESS STREET ADDRESS " HELERY ET. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 of the receiver of 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 any attachment with an address, with all other like empowered.

February 07,2000