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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S07166

(9)

OTEC: TEV CONQUETING INC

STEELIER CONSULTING, INC.		•	A WINDLE IN COME WATER WHE CHARLEN	AR BAIN BON BRIN BIRL BAI
Principal Place of Business	Mailing Address			
1035 S. SEMORAN BLVD	1035 S. SEMORAN BLVD			
SUITE 1045 WINTER PARK FL 32792	SUITE 1045 WINTER PARK FL 32792-551	2		
US	US	~		Date of Last Report
				04/26/1996
2. Principal Flace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt. #, etc.	Suite, Apt. #, etc.		59-3029727	Not Applicable \$8.75 Additional
22)	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intang	
24 25		80		□ No
9. Name and Address of Cur	rent Registered Agent	B1 Name	10. Name and Address of New Register	
GALLOWAY, BENJAMIN L.				
1800 CURRY FORD RD.		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32806		83		#
		84 City		85 Zip Code
Pursuant to the provisions of Sections 607.1 office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob- SIGNATURE Signature speed or printed name of registered.	oligations of, Section 607.0505, Flor	ithorized by the corporal ida Statutes. Regislared Agent signature requi	red when reinstating) DA1	E
	AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS	
THE P	C DELETE	11 TITLE		Change Addition
NAME GALLOWAY, BENJAMIN STREET ADDRESS 1800 CURRY FORD RD.		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS 1800 CURRY FORD RD. CITY ST ZIP ORLANDO FL		1.4 CITY-ST-ZIP		
THE	DELETE	21 TITLE		Change Addition
NAME		22 NAME		
STREET ADORLSS		23 STREET ADDRESS		
CHY-\$t-Z₽		2 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST ZIP TITLE	DELETE	3.4. City-St-ZiP 4.1 Title		Change Addition
NAME	P. Detter	4.2 NAME	•	ema comings Fill controls
STREET ADDRESS		4.3 STREET ADDRESS		
CHY-SI-ZiP		44 CITY - ST-ZIP	,	
TIFLE	☐ DELETE	51 TITLE		Change Addition
NAME		52 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CHY+S1+ZIP	·······	5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME	•	
STREET ADDRESS		6.3 STREET ADDRESS		
14. I do hereby certify that the information supp	nlied with this filing does not qualify	for the exemption state	d in Section 119 07/3V/// Florida Statutes 15:	rther certify that the
information indicated on this annual report I am an officer or director of the corporatio appears in Block 12 o Block 13 i onance	or supplemental annual report is tru or the occiver or to stee empower an attachment with an addr	ie and accurate and tha red to execute this repo ess.	at my signature shall have the same legal effect ort as required by Chapter 607, Florida Statute	ct as if made under oath; that is; and that my name

SIGNATURE:

FE NAME OF BIGNING OFFICER OF DIRECTOR

407.673.0880

FILED

May 19 1997 8:00am

Secretary of State