

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V04 322**
1. Corporation Name: **Henry Ferry Steiner Co**

Principal Place of Business: **318 Leeward Island Clearwater Fl. 33767**
Mailing Address: **318 Leeward Island Clearwater Fl. 33767**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business:
21 **318 Leeward Island**
Suite, Apt. #, etc.
22 **Clearwater**
City & State
23 **FL**
Zip
24 **33767** 25 **USA**
Country

2a. Mailing Address:
26 **Same**
Suite, Apt. #, etc.
27 **—**
City & State
28 **—**
Zip
29 **—** 30 **—**
Country

3. Date Incorporated or Qualified: **12-5-92**

4. FEI Number: **59-3100942**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
**Henry Ferry
318 Leeward Island
Clearwater Fl. 33767**

10. Name and Address of New Registered Agent:
81 Name: **Same**
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Henry Ferry* (Signature) REGISTERED AGENT'S SIGNATURE (REQUIRED WHEN REGISTERING) DATE

12. OFFICERS AND DIRECTORS

TITLE	Henry Ferry - President <input type="checkbox"/> DELETE
NAME	Henry Ferry
STREET ADDRESS	318 Leeward Island
CITY-ST-ZIP	Clearwater FL 33767
TITLE	Debbie Ferry - V. President <input type="checkbox"/> DELETE
NAME	Debbie Ferry
STREET ADDRESS	318 Leeward Island
CITY-ST-ZIP	Clearwater FL 33767
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****150.00**

14. I hereby certify that the information reported on 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 registered or authorized agent, or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by the filing address.

SIGNATURE: *Henry Ferry* **Henry B Ferry**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-98 817-443-1832

CR2E034 (10/97)