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

PROFIT CORPORATION ANNUAL REPORT

1997

STEAM TEAM, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

DOCUMENT # V38860

FILED May 09 1997 8:00am Secretary of State

Zip Code

TO LEADER BOURDE COLOR RECORD RECORD COLOR DELLE RECOLD DIVINITIES COLOR COLOR COLOR COLOR

					-			
Principal Place of Business 999 BLANDING BLVD. SUITE 13 ORANGE PARK FL 32065		Mailing Address						
999 BLANDING BLVD. Suite 13		SUITE 13	999 BLANDING BLVD SUITE 13 ORANGE PARK FL 32085-6789					
		US			3. Date incorporated or Qualified			
2, Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For			
21		26			59-3125689	Not Applicable		
Suite, Apl	l #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	g \$5.00 May Be Added to Fees			
Ζ(p)	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for intangible Florida Statutes			
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
DINGMAN, DON 999 BLANDING BLVD			81 Name					
	TE 13				Address (P.O. Box Number is Not Acceptable)			
OR	ANGE PARK FL 32085		:	63				

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or profed name of registered agent and title if applicable.	(NOTE BO	nictored Anant bandure	required when reinstating) D/	YE	<u></u>
12,	OFFICERS AND DIRECTORS	(NOTE: No	13.	ADDITIONS/CHANGES TO OFFICERS		S IN 12
101.E	D	DELETE	1.1 TITLE		Change	Addition
NAMÉ	DINGMAN, BARBARA		1.2 NAME			
STREET ADDRESS	ROUTE 1 BOX 586		1.3 STREET ADDRESS			
CITY - S1 - ZIP	SANDERSON FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		☐ Change	Addition
NAME	DINGMAN, DONALD D SR		2.2 NAME	•		
STREET ADDRESS	ROUTE 1 BOX 598		2.3 STREET ADDRESS			
C TY+ST+7/P	SANDERSON FL		2. 4 CITY - ST - ZIP			
TITLE	PT 🗆	DELETE	3.1 TITLE		Change	☐ Addition
NAME:	DINGMAN, DON		3.2 NAME			
STREET ADDRESS	2420 DUNDEE CT. W.		3 3 STREET ADDRESS			
City+S1-7IP	ORANGE PARK FL		3.4. CITY - ST - ZIP			
TI"LF	VS 🗆	DELETE	4.1 TETLE		Change	Addition
NAM{	DINGMAN, ELIZABETH		4 2 NAME			
STREET ADORESS	2420 DUNDEE CT. W.		4.3 STREET ADDRESS			
CITY+ST ZIF	ORANGE PARK FL		4.4 CITY-ST-ZIP			
TiTLf		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS		·	5.3 STREET ADDRESS			
COY-ST-Ziff			5.4 CITY-ST-ZIP			
1-11.6		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZP			6.4 CITY-ST-ZIP			

14. I do 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