

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **480112** (2)
1. Corporation Name
BARTOW STEEL, INC.



Principal Place of Business: **HIGHWAY 60, P. O. BOX 1789, BARTOW FL 33830**
Mailing Address: **HIGHWAY 60, P. O. BOX 1789, BARTOW FL 33830**

3. Date Incorporated or Qualified: **07/07/1975**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1607402**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ATTAWAY JR., JOHN A.
202 E. WALNUT STREET
LAKELAND FL 33802-7003**

10. Name and Address of New Registered Agent
81 Name
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 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent in this space. (Name of Registered Agent's signature required when retulating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MACEY, RICHARD F JR 48 SHADOW LANE LAKELAND, FL 0	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE	TD AIZAWA, MASATO 450 LEXINGTON AVE., SUITE 1460 NEW YORK NY	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE	SVD MACEY, ROBERT S. 1836 PINNACLE DR. LAKELAND FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE	VD MATSUNO, JOHN 1600 GOLF RD., SUITE 1460 ROLLING MEADOWS IL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE	D SUGIMOTO, MICHIHARU 450 LEXINGTON AVE., SUITE 1460 NEW YORK NY	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changing, or on an attachment with an address.

SIGNATURE: *Robert S. Macey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert S. Macey

1/18/96 941-425-4504
Date Phone #

CR2E034 (12/95)