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FILED

**Feb 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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 Mailing Address
**HIGHWAY 60
P. O. BOX 1789
BARTOW FL 33830** **HIGHWAY 60
P. O. BOX 1789
BARTOW FL 33831-1789**

3. Date Incorporated or Qualified **07/07/1975** 3a. Date of Last Report **02/05/1996**
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

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

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: _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MACEY, RICHARD F JR | |
| STREET ADDRESS | 48 SHADOW LANE | |
| CITY - ST - ZIP | LAKELAND, FL 0 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | AIZAWA, MASATO | |
| STREET ADDRESS | 450 LEXINGTON AVE., SUITE 1460 | |
| CITY - ST - ZIP | NEW YORK NY | |
| TITLE | SVD | <input type="checkbox"/> DELETE |
| NAME | MACEY, ROBERT S. | |
| STREET ADDRESS | 1836 PINNACLE DR. | |
| CITY - ST - ZIP | LAKELAND FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MATSUNO, JOHN | |
| STREET ADDRESS | 1600 GOLF RD., SUITE 1460 | |
| CITY - ST - ZIP | ROLLING MEADOWS IL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SUGIMOTO, MICHIHARU | |
| STREET ADDRESS | 450 LEXINGTON AVE., SUITE 1460 | |
| CITY - ST - ZIP | NEW YORK NY | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | KEISAKU KAWAMURA |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert S. Macey* Robert S. Macey VP/Sec. 1/10/97

CR2E034 (9/96)