

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 670409 (2)
 1. Corporation Name
CSR STEEL FRAMING, INC.



Principal Place of Business 1502 BELVEDERE ROAD (33418) ATTN: J. R. DAVIS WEST PALM BEACH FL 33406-1502	Mailing Address 1502 BELVEDERE ROAD (33418) ATTN: J. R. DAVIS WEST PALM BEACH FL 33406-1502
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1501 BELVEDERE ROAD Suite, Apt. #, etc. 22 ATTN: M.A. HOFFMAN City & State 23 Zip 24 Country 25	2a. Mailing Address 26 1501 BELVEDERE ROAD Suite, Apt. #, etc. 27 ATTN: M.A. HOFFMAN City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 05/16/1980	4. FEI Number 59-1999923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
LINLEY Q. W.
1501 BELVEDERE RD
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD SNYDER, WILLIAM L.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 BELVEDERE ROAD	1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	V PAYNE, WILLIAM J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2401 PGA BLVD STE 120	2.2 NAME	
STREET ADDRESS	PALM BCH GARDENS FL 33410	2.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	AS LINLEY, GEORGE W	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 BELVEDERE RD	3.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	D WATSON, KARL H.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 BELVEDERE RD.	4.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	TSD DAVIS, JAMES R.	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1501 BELVEDERE RD.	5.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

JOHN F. KINGSTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ROBERT J. CAPASSO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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: *[Signature]* 7/14/98 561-820-8460

CR2E034 (5/98)