

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **843446** (6)

1. Corporation Name
AFCO STEEL, INC.



Principal Place of Business: **1423 E 6TH ST LITTLE ROCK AR 72202**
Mailing Address: **1423 E 6TH ST LITTLE ROCK AR 72202**

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

3. Date Incorporated or Qualified: **06/13/1979**
3a. Date of Last Report: **03/08/1995**
4. FEI Number: **71-0004610**
5. Coordinate 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301**

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

11. Pursuant to the provisions of Sections 607.0702 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, FRED I JR	1.1 TITLE	
STREET ADDRESS	1423 E 6TH STREET	1.2 NAME	
CITY-STATE-ZIP	LITTLE ROCK AR	1.3 STREET ADDRESS	
TITLE	CD	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOSEPH W	2.1 TITLE	
STREET ADDRESS	1423 E 6TH STREET	2.2 NAME	
CITY-STATE-ZIP	LITTLE ROCK AR	2.3 STREET ADDRESS	
TITLE	SD	2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCASKILL, AUSTIN SR	3.1 TITLE	
STREET ADDRESS	2700 FIRST COMMERCIAL BUILDING	3.2 NAME	
CITY-STATE-ZIP	LITTLE ROCK AR	3.3 STREET ADDRESS	
TITLE	PDT	3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, FRED I. III	4.1 TITLE	
STREET ADDRESS	1423 EAST SIXTH STREET	4.2 NAME	
CITY-STATE-ZIP	LITTLE ROCK AR	4.3 STREET ADDRESS	
TITLE		4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-STATE-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-STATE-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.071(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 encumbered 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, or on an attachment with an address.

SIGNATURE: *Joseph W. Brown* **Joseph W. Brown, Chairman 3-14-96 501-340-6200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)