

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

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95 MAR -2 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P07892 (3)
1. Corporation Name
RELIABLE GALVANIZING COMPANY

Principal Place of Business Mailing Address
819 WEST 88TH STREET 819 WEST 88TH STREET
CHICAGO IL 60620 CHICAGO IL 60620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/28/1985 3a. Date of Last Report 01/25/1994
4. FEI Number 36-2613875 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name DANIEL D. SUGERMAN
82 Street Address (P.O. Box Number is Not Acceptable) 3071 N.E. 40th. Street
83
84 City FORT LAUDERDALE, FL 85 Zip Code 33308

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 *Daniel D. Sugerman*
Signature, typed or printed name of registered agent or officer, if applicable.

25 Feb. '95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EISNER, MICHAEL
STREET ADDRESS	819 W. 88TH STREET
CITY-ST-ZIP	CHICAGO IL
TITLE	STD
NAME	SUGERMAN, LAURIE
STREET ADDRESS	ONE E. WAKHER DRIVE
CITY-ST-ZIP	CHICAGO IL
TITLE	D
NAME	SUGERMAN, DANIEL D.
STREET ADDRESS	819 W. 88TH STREET
CITY-ST-ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	SUGERMAN, DANIEL D.
3.4 CITY-ST-ZIP	3071 N.E. 40th. STREET FORT LAUDERDALE, FLORIDA, 33308
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	

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 118.07(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 its registered or limited unincorporated subsidiary or have been 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/16/95 312-851-2500
Date Office Phone #