FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

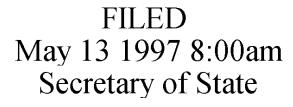
Secretary of State DIVISION OF CORPORATIONS

P96000064708 (6) DOCUMENT #

STEEL WORKS, INC.

Princip	oai Plac	e of Busi	nos
7147	EATON	AVENUE	

Mailing Address



912-264-8376



7147 EATON JACKSONVILI		7147 EATON AVENUE JACKSONVILLE FL 32211-7	7611		
				3. Date incorporated or Qualified 08/01/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /6267	2 Norwich Street	26 7/47 Laton	Arr	59-3397214	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
—— <i>7</i>	City & State City & State Grows with GA- 28 Sacksonvilles Ft 33311		- 333 11	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24 3153 0	Country	7 ₁ p	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
	YANT, STEVEN E		81 Name		
7147 EATON AVENUE JACKSONVILLE FL 32211		82 Street Address (P.O. Box Number is Not Acceptable)			
	VIII VIII VIII VIII VIII VIII VIII VII		83	100000000000000000000000000000000000000	
			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was au	thorized by the corpora	poration submits this statement for the pu ation's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	a and title if applicable (NOTE	Rogistereo Agent signature requ	uired when roinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	President	□ DELETE	1.1 THE		Change Addition
NAME	Steven E. Bryant 7147 Enton Ave		1.2 NAME		5
STREET ADDRESS			1.3 STREET ADDRESS		[<u>û</u>
CITY-ST-ZIP	Jacksonyille, Fl 32211 Vire President	/	1.4 CITY - ST - 7IP		
TITLE			2.1 TITLE		Change Addition C
NAME	mark O. Norton 7219 Holiday Hill Circle North 22 NAME 23 STREET ADDRESS				
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP	Jackson Ville, FL 322	/ / □ peine	2 4 CITY - ST - 7/P		Change Addition
TITLE		□ bter it	3.1 TOLE	•	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREEL ADDRESS 3.4. CITY: S1-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		\
CITY-ST-ZIP			4.4 CHY-ST-7IP		
TITLE		DELEJE	5.1 1IILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.9 STREET ADDRESS		
CITY-ST-ZIP	-		5.4 CHY-ST-ZIP		
TITLE		☐ DELETE	6.1 T/TLF		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6351REE1 ADDRESS		
CITY-ST-ZIP			6.4 C(1Y - S1 - ZIP		
14. I do herel	by certify that the information supplied	with this filing does not qualify	for the exemption state	ed in Section 119.07(3)(i), Florida Statutes	. I further certify that the

conoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name