

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S17989** (2)

1. Corporation Name  
**STATE STEEL CORPORATION**



Principal Place of Business Mailing Address  
~~P.O. BOX 3067~~ ~~P.O. BOX 3067~~  
**DAYTONA BEACH FL 32120-3067** **DAYTONA BEACH FL 32120-3067**

3. Date Incorporated or Qualified **12/04/1990** 3a. Date of Last Report **12/08/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **1 CIRCLE OAKS TRAIL**  
22 City & State 27 Suite, Apt. #, etc.  
23 **ORMOND BEACH, FL** 28 **ORMOND BEACH USA**  
24 Zip **32174** 29 Country **FL** 30 Zip **32174**  
25 Country **USA**

4. FEI Number **59-3039390** 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

9. Name and Address of Current Registered Agent  
**BOIRE, MARTIN C.**  
**1 CIRCLE OAKS TRAIL**  
**ORMOND BEACH FL 32174**

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 \_\_\_\_\_ Date \_\_\_\_\_  
Signature based on printed name of registered agent is not acceptable. Registered Agent's signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOIRE, MARTIN C.</b>	12. NAME	
STREET ADDRESS	<b>1 CIRCLE OAKS TRAIL</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH FL 32174</b>	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, JOSEPHINE</b>	22. NAME	
STREET ADDRESS	<b>13 AUTUMN WOOD TRAIL</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>DELAND FL 32724</b>	24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERNEST RAYNOR</b>	32. NAME	
STREET ADDRESS	<b>1615 RALEIGH AVE</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLY HILL FL 32117</b>	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 and am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: **57. [Signature]** 8-6-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARTIN C BOIRE AS PRES.**

CR2E034 (12/95)