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Mar 24, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 576330

1. Corporation Name

FLORIDA IRON WORKS, INC.

Principal Place of Business Mailing Address					1,000,000,000		
560 WADE STREET WINTER SPRINGS FL 32708		560 WADE STREET WINTER SPRINGS FL 32708		22.02.00			
					DO NOT WRITE IN THIS	3 SPACE	 1
					3. Date Incorporated or Qualifed . 06/14/1978		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21				59-1833029 /		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	l l	
City & State		City & State		6. Election Campaign Financing	\$5.00 1		
	5	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year Ir		
24	[25]	29 30	-		Personal Property Tax.		□No
	9. Name and Address of Curre		' 		10. Name and Address of New Registered	l Agent	
	<u> </u>		81	Name			
CLA	ŘK, C B				(2.2.)		
	WADE ST		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		-
WIN	TER SPRINGS FL 32708		83				
			24			85 Zip C	- Indo
	,		84	City	FI	_ { ` }	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	OUSEU DA	the comparation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	t changing its r pintment as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered Ager	nt signature require	d when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	S	☐ DELETE	1.1 TITLE		·······	☐ Change	☐ Addition
NAME	CLINTON B CLARK III		1.2 NAME				}
STREET ADDRESS	560 WADE ST		1.3 STREET	TADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-S	T-ZIP			
TITLE	CEO	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	CB CLARK		2.2 NAME				
STREET ADDRESS	6205 SW 147TH TERR		2.3 STREET	TADDRESS _			
CITY-ST-ZIP	MIAMI FL	·	2. 4 CITY-S	ST-ZIP			-
TITLE		☐ DELETE	3.1 TITLE		100	☐ Change	☐ Addition
NAME		1	3.2 NAME				
STREET ADDRESS			3.3 STREET	TADDRESS			
CITY-ST-ZIP			3.4. CITY-S				1
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
			4.4 C/TY-S	- }			-
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	11		☐ Change	Addition
NAME			5.2 NAME			•	
STREET ADDRESS				TADDRESS		•	
			5.4 CITY-S		d ²		
CITY-ST-ZIP		DELETE	6.1 TITLE			☐ Change	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIREDS. CLANC

407.3L7 .0200