

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90191 021 ***150.00

DOCUMENT # P95000071673

1. Corporation Name

ALL STEEL SECURITIES, INC.

Principal Place of Business

2821 N.E. 20TH WAY
GAINESVILLE FL 32609

Mailing Address

2821 N.E. 20TH WAY
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1995

4. FEI Number

59-3363161

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

BAKER, ROBERT C
2821 N.E. 20TH WAY
GAINESVILLE FL 32609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

T

DELETE

NAME

SPENGLER, MICHAEL G

STREET ADDRESS

2334 NW 65 PL

CITY-ST-ZIP

GAINESVILLE FL 32653

TITLE

T

DELETE

NAME

MARTINS, JOHN K

STREET ADDRESS

RT. 3 BOX 301-A

CITY-ST-ZIP

HAWTHORNE FL 32640

TITLE

P

DELETE

NAME

BAKER, ROBERT C

STREET ADDRESS

2606 N.W. 44 PL

CITY-ST-ZIP

GAINESVILLE FL 32604

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Spengler, Michael G.

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

2023 NW 33rd Ave.

1.4 CITY-ST-ZIP

Gainesville, FL 32605

2.1 TITLE

VP

Change

Addition

2.2 NAME

Jenkins, James M.

2.3 STREET ADDRESS

2116 Diamond Rd.

2.4 CITY-ST-ZIP

Hawthorne, FL 32640

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)