

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

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 217502 (4)
 1. Corporation Name
DEAN STEEL BUILDINGS, INC.



Principal Place of Business 2929 INDUSTRIAL AVE FT MYERS FL 33901	Mailing Address 2929 INDUSTRIAL AVE FT MYERS FL 33901-6437
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/22/1958	3a. Date of Last Report 04/02/1996
4. FEI Number 59-0866523		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent DEAN, CHARLES W 2929 INDUSTRIAL AVENUE FT MYERS FL 33901		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, KAREN RAE	1.2 NAME	
STREET ADDRESS	2444 MCGREGOR BLVD	1.3 STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL	1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CLARK, WILLIAM A	2.2 NAME	
STREET ADDRESS	P.O. BOX 1378	2.3 STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DCP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DEAN, CHARLES W	3.2 NAME	
STREET ADDRESS	2444 MCGREGOR BLVD	3.3 STREET ADDRESS	
CITY- ST- ZIP	FT MYERS, FL 00000	3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CUMMINGS, GARY E.	4.2 NAME	
STREET ADDRESS	5195 ESTERO BOULEVARD	4.3 STREET ADDRESS	
CITY- ST- ZIP	FT. MYERS BEACH FL	4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 of this report, or on an attachment with an address.

SIGNATURE:  **CHARLES DEAN** **2/26/97** **941 3341057**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)