

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90004 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 228207

1. Corporation Name  
 SPRING LOCK SCAFFOLDING OF WEST FLORIDA INC.

Principal Place of Business Mailing Address  
 5090 ULMERTON ROAD 2600 N 2ND ST  
 CLEARWATER FL 34620-4001 PHILADELPHIA PA 19133  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
 01/01/1959  
 4. FEI Number Applied For  
 59-0884279 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing  \$5.00 May Be Added to Fees  
 Trust Fund Contribution   
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 LEMUS, MARTHA  
 602 S. ARMENIA AVE.  
 TAMPA FL. 33609

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS  DELETE

TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAPOPORT, JEFFREY	
STREET ADDRESS	458 N APPLE TREE LN	
CITY-ST-ZIP	LAFAYETTE HILLS, PA 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAPOPORT, RANDY	
STREET ADDRESS	214 PARKVIEW RD	
CITY-ST-ZIP	CHELTENHAM, PA 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAPOPORT, MITCHELL	
STREET ADDRESS	214 PARKVIEW RD	
CITY-ST-ZIP	CHELTENHAM, PA 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAPOPORT, ERNEST	
STREET ADDRESS	214 PARKVIEW RD	
CITY-ST-ZIP	CHELTENHAM, PA 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jeffrey Rapoport 5/14/99 2154261605  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)