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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 256411 (0) 1. Corporation Name							
•	ICAN METAL FABRICATOR	IS INC					
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Principal Place of Business Mailing Address							
220 N.E. 13TH ST. POMPANO BEACH FL 33060 POMPANO BEACH FL 330							
					3. Date Incorporated or Qualified	3a. Di	ate of Last Report
					02/28/1962		03/14/1995
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 26			ata		59-0948385 Not Applicable		
22 Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	Ø	\$8.75 Additional Fee Required
City & State				6. Election Campaign Finance Trust Fund Contribution			\$5.00 May Be
23 Zip	Country Zip		Countr	Country 8. This corporation has liability for intangible tax		Added to Fees	
24	25 29 30			,	Florida Statutes Yes No		
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistere	d Agent
			8	Name			
CLEER, JAMES J., JR. 3014 N.W.51ST.TERR.			82	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	TE FL 33063		8:	3			
		84	1 000	 		ns Zm Code	
			5	City		F	L 85 Zip Code
SIGNATURE	n, and accept the obligations of, Sectional accept the obligations of section age.	tares the diapple acres discoll		en 1.8 gracio de desgonte		DATE	
12.	86		13.	т	ADDITIONS/CHANGES TO OFFI	CERS A	D DIRECTORS IN 12
NAME	OLEED MALES IN		1.2 NAME				
STREET ADDRESS	OOD NET JOTH OT			r address			\{ \(\)
CITY - ST - ZIP	DOMBANO REACH EL		14 CHY-				
TITLE	V DELETE 2.1		2 1 THE	:			☐ Change ☐ Addition
NAME	•		2.2 NAME				
STREET ADDRESS			2 3 STREE	ET ADDRESS			
CITY - ST - ZIP	The state of the s		2.4 CHY-				Change Addition
TITLE NAME	OLETO MONELE		3 1 TUTLE 3 2 NAME				C change C Addition
STREET ADDRESS	OOO N.E. 40TH CT			ET AUDRESS			
CITY - ST - ZIP	PAMPANO BEACH FL		3 4 CITY				
TITLE	ET) Del Est		4 1 TO LE				Change Addition
NAME			4.2 NAM8				
STREET ADDRESS			4.3 \$1KE	FT ADDRESS			
CITY-ST-ZIP			4.4 CITY				
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NAME		outer	6 2 NAM6				
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			6 4 CITY -				
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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 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 cath, 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 13 if changed, or on an attachment with an address.

SIGNATURE: Michele G. CIERT STUCKLU & CLEV 1/16/96 954-781-2600