2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP ITITE T FEDERLE, LOUIS 6565 N MACARTHUR BLVD STE 800 ITIVE NAME STREET ADDRESS CITY-ST-ZIP ITILE T T T T T T T T T T T T T T T T T T T	DOCUMENT # 310444 1. Entity Name SMI STEEL FABRICATORS OF FLORIDA INC.						(01-20-2004 90	0063 008	***150.0	JO	
Sulfe, Apt. #, etc.	10483 GENE	RAL AVENUE	P.O. BOX 1046	P.O. BOX 1046								
City & State Country Country Country Country Country See Country	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address								
Zp Country Zp Country Sp. 116.0368 New Applicable St. Certification of Status Desired \$8.75 Additional Fee Vagaters \$8.75	Suite, Apt. #, etc.		Suite, Apt. #, etc.				01072004	Chg-P	CR2E03	4 (10/03)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Flor	City & State		City & State					369		<u> </u>	·	
Name Street Address (P.O. Box Number is Not Acceptable)	Zip								- LJ F	ee Required		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the colligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICIENS AND DIRECTORS 10. OFFICIENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD SELIG, CLYDE SIRET ADDRESS STEEL MILL ROAD SELUR, TX 76155 CITY-51-2P TILLE VD RAME SIRET ADDRESS STEEL MILL ROAD SIRET ADDRESS STEEL ADDRESS STEEL LOUIS STEEL ADDRESS STEEL A												
City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept rive obligations of registered agent. SIGNATURE Signature, losed or printed nerve of registered agent agent accept rive obligations of registered agent. FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee with be \$\$550.00 After May 1, 2004 Fee with be \$\$550.00 STEEL SELIG, CLYDE SELIG, CLYDE SIEGIADORSS STEEL MILL ROAD SIREF ALDORSS SIREF ALDORSS STEEL MILL ROAD SIREF ALDORSS SIREF	1201 HAYS STREET											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	TARCALIAGGEL, LE 92001				City	Zip Code						
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12. Uhereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information	NAME STREET ADDRESS CITY - ST - ZIP	and the state of t		NAM STRE CITY	E EET ADORESS -ST-ZIP						Addition	

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

214-689-4300 Daytime Phone #