

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

FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **312988** (9)
1. Corporation Name
OVERSEAS STEEL FABRICATORS INC

Principal Place of Business 721 N.E. 44TH PLACE FT. LAUDERDALE FL 33334	Mailing Address 721 N.E. 44TH PLACE FT. LAUDERDALE FL 33334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/23/1967	
25		30		4. FEI Number 59-1157185 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TUCKER, TOM 721 N.E. 44TH PLACE % OVERSEAS STEEL FABRICATORS INC. FORT LAUDERDALE FL				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	
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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

Signature type or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	T	TUCKER, TOM		1.1 TITLE			
NAME		532 N.W. 52ND STREET		1.2 NAME			
STREET ADDRESS		BOCA RATON FL		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	S	PEPPE, RONALD W		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		2488 WAYSIDE COURT		2.2 NAME			
STREET ADDRESS		FREDERICK MD		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	PD	LANGSENKAMP, KURT		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		810 NE 41ST COURT		3.2 NAME			
STREET ADDRESS		FT LAUDERDALE FL		3.3 STREET ADDRESS	2700 NE 40th Street		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33308		
TITLE	D	LANGSENKAMP, KURT		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		810 NE 41ST CT		4.2 NAME			
STREET ADDRESS		FT LAUDERDALE FL		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	D	ATKINS, DAVID M		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		500 HARBISON BLVD #1501		5.2 NAME			
STREET ADDRESS		COLUMBIA SC		5.3 STREET ADDRESS	13339 Highway 136		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Live Oak, Florida 32060		
TITLE	D	WATSON, CHARLES H		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		ROUTE 5 PO BOX 1320		6.2 NAME			
STREET ADDRESS		HARPERS FERRY WV		6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6501230

CR2E034 (10/97)