03-30-1999 90028 042 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 318401

1. Corporation Name

ZAMBET	TI STEEL PRODUCTS INC										
Principal Place	e of Business	Mailing	Address					-	A BUR DRUIT BI	NI OLDIA BABAL DIA	ALC 01041 1001
8750 PHILLIPS HWY P. O. BOX 23547 JACKSONVILLE FL 32256 JACKSONVILLE FL 32241											
US US								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed			
								06/30/1967		——————————————————————————————————————	Had Sar
Principal Place of Business Address Address								4. FEI Number		1	olied For
21 . 26							<u>59-1168516</u>		\$8.75 A	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				٠,	5. Certificate of Status Desired	<u> </u>	- Fee Rec	quired -
City & State City & State								6. Election Campaign Financing		\$5.00 1	
23			8					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip			untry			8. This corporation owes the curre	nt year Inta		_
24	25 29 30				Personal Property Tax.						□No
L	9. Name and Address of Curren	t Registere	d Agent		1			10. Name and Address of New R	agistered /	Agent	
7414	DETTI MICHAEL I				81	Nam	е				
ZAMBETTI, MICHAEL J. 8750 PHILLIPS HIGHWAY					82 Street Address (P.O. Box Number is Not Acceptab				ole)		
JACKSONVILLE FL 32256					83						
					84	City			FL	85 Zip C	ode
				4			4	-stice as house this statement for the		changing its	ranistered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. S itions of, Sec	bus, Florida Statu Buch change was: ation 607.0505, Fl	ites, the authorize orida Sta	above ed by stutes	the co	poration	n's board of directors. I hereby accep	the appoir	itment as reg	istered
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi						nt signatu	e required	when reinstating)	DATE	D OIDECTO	DC IN 42
12.	OFFICERS AN	ID DIRECTO	DRS DELETE	13				ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
TITLE	PTD		U DECETE		TITLE						
NAME	ZAMBETTI,MICHAEL J				NAME_						
STREET ADDRESS						T ADDRES	S				
CITY-ST-ZIP	JACKSONVILLE FL		☐ DELETE	_	CITY-S	T-ZIP	+	- 4-4-4		[] Change	Addition
TITLE	VSD				TITLE					o	
NAME	COWARD, WILLIAM D			1	NAME_		_				
STREET ADDRESS	8750 PHILLIPS HIGHWAY			1		TADORES	8				. }
CITY-ST-ZIP	JACKSONVILLE FL		_	.2.4 CITY-ST-ZIP -		-	<u> </u>		☐ Change	Addition	
TITLE	_		[DELETE								
NAME					NAME						
STREET ADDRESS						TADORES	»				
CITY-ST-ZIP	DELETE			3.4. CfTY-\$T-ZiP		-			["] Change	Addition	
TITLE	:				4.1 TITLE 4. 2 NAME						
NAME											
STREET ADDRESS						TADORES	25				
C/TY-ST-ZIP			☐ DELETE	_	4.4 CITY- S		+			[] Change	Addition
TITLE			□ ocrete		TITLE NAME						
NAME						TADORE:					
STREET ADDRESS					CITY-S						
CITY-ST-ZIP			☐ DELETE		TITLE	· · · · · · · · · · · · · · · · · · ·				Change	Addition
MAME NAME			- J		NAME					•	_
1 IMME				_			4				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS