FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **321087** **(9)**

1. Corporation Name

INDUSTRIAL FABRICATORS OF FLORIDA, INC.

Principal Place of Business
3314 HENDERSON BLVD., #106
TAMPA FL 33609

Mailing Address
3314 HENDERSON BLVD., #105
TAMPA FL 33609

2. Principal Place of Business
21 Suite Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated (or Organized) **09/18/1967**

3a. Date of Last Report **07/11/1995**

4. FEI Number **59-1173700** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

HARDCASTLE,K C
3314 HENDERSON BLVD., #105
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 Section 607.0122(11), 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. Signature of a member or authorized representative of a member, or a corporate officer or director, or a party to the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0122, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	SD	[ ] DELETE
NAME	BLUE, PAMELA	
STREET ADDRESS	8403 WOODBRIER CT.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	PD	[ ] DELETE
NAME	HARDCASTLE, K C	
STREET ADDRESS	6210 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	[ ] Change	[ ] Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE	[ ] Change	[ ] Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE	[ ] Change	[ ] Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE	[ ] Change	[ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	[ ] Change	[ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE	[ ] Change	[ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied on this report is correct, complete and current. I further declare that I qualify for the exemption stated in Section 119.07(4)(d), Florida Statutes. I further certify that the information indicated on this form or any supplement or amendment to it 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 or is designated for deletion in Block 13.

SIGNATURE: KENDRICK C. HARDCASTLE JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 813-878-2288
DATE TELEPHONE NUMBER

CR2E034 (12/95)