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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 363087

STAINLESS EQUIPMENT COMPANY, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90241 036 ***150.00



Principal Place of Business Mailing Address								
		8125 W. 20TH AVE.						
HIALEAH FL 33014 HIALEAH FL 33014						DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualifed 04/24/1970	,	
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	Applied For
21		26				59-1299585	. 1	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22		27	27			5. Certifcate of Status Desired	Fee F	Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	0 May Be	
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		ıntry		8. This corporation owes the current year		п.,
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	t Registered Agent		81	Name	10. Name and Address of New Register	a Agent	
I EVAI	N, NORMAN			"	Name	·		
			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	W. 20TH AVE. EAH FL 33014			83				
INAL	EATT 1 2 30014			03		•		
				84	City	F	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered agei OFFICERS AN	nt and title if applicable. (NC	TE: Registered	i Agen	t signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	TP	☐ DELETE	1.1 TI	TLE		,	☐ Change	Addition
NAME	JOHN WESTBROOK		1.2 N	AME	ļ		:	
STREET ADDRESS	1823 SW 13 ST.		1.3 \$	TREET	ADDRESS		•	
CITY-ST-ZIP	MIAMI FL		1.4 C	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE 2.11		TLE			Change	e ☐ Addition	
NAME	2		2.2 N	2.2 NAME				
STREET ADDRESS			23\$	TREET	ADDRESS	~ ·	-	
CITY-ST-ZIP		E SELETE			T-ZIP		Change	e Addition
TITLE			3.1 T		ļ			
NAME			3.2 N					ł
STREET ADDRESS					ADDRESS			Ì
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP			☐ Change	e
NAME	4.21						_	
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP				TY-S				ļ
TITLE	☐ DELETE 5.17				• .	Change	Addition	
NAME			5.2 N	AME			•	
STREET ADDRESS			5.3 S	TREE	T ADDRESS			
CITY-ST-ZIP			5.4 C	ΠY-S	T-ZIP			
TITLE		DELETE	6.1 T	ITLE			☐ Change	e ☐ Addition
NAME			6.2 N	AME				

CITY-ST-ZIP 14. 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