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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 391093

(2)

STAINLESS, INCORPORATED

Principal Place of Business

Mailing Address

ONE STAINLESS PLAZA

ONE STAINLESS PLAZA

FILED 97 JUL -3 AM II: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| DEERFIELD BEACH FL 33441-4749                      |                                                                                                                      | DEERFIELD BEACH FL 33441-4747                                                                     |                                                  |                                  |                                                                                     |                                        |                                |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------------------------|
|                                                    |                                                                                                                      |                                                                                                   |                                                  |                                  | Date Incorporated or Qualified     11/09/1971                                       | 3a. Date of Last 05/01/1996            |                                |
| 2, Principal Place of Business 2a. Mailing Address |                                                                                                                      |                                                                                                   |                                                  |                                  | 4. FEI Number                                                                       | P                                      | pplied For                     |
| 21                                                 |                                                                                                                      | 26                                                                                                |                                                  | 38-1969011                       | ١                                                                                   | lot Applicable                         |                                |
| Suite, Apt. #, etc. 22 City & State                |                                                                                                                      | Suite, Apt. #, etc.                                                                               |                                                  | 5. Certificate of Status Desired |                                                                                     | Additional<br>Required                 |                                |
| City & Sta                                         | le                                                                                                                   | City & State                                                                                      |                                                  |                                  | Election Campaign Financing     Trust Fund Contribution                             |                                        | May Be<br>I to Fees            |
| Zip Country                                        |                                                                                                                      | Zip                                                                                               | Country                                          |                                  | 8. This corporation has liability for intangible tax under s. 199.032,              |                                        |                                |
| 24                                                 | 25                                                                                                                   | 29                                                                                                | 30                                               |                                  | Florida Statutes Yes No                                                             |                                        |                                |
|                                                    | g. Name and Address of Curre                                                                                         | nt Registered Agent                                                                               |                                                  |                                  | 10. Name and Address of New Re                                                      | elstered Agent                         |                                |
| KA                                                 | SSAB, ROBERT L.                                                                                                      |                                                                                                   | 8                                                | 1 Name                           |                                                                                     |                                        |                                |
| ONE STAINLESS PLAZA                                |                                                                                                                      |                                                                                                   | 8:                                               | Street Add                       | Address (P.O. Box Number is Not Acceptable)                                         |                                        |                                |
| DEERFIELD BEACH FL 33441-1798                      |                                                                                                                      |                                                                                                   |                                                  | 83                               |                                                                                     |                                        |                                |
|                                                    |                                                                                                                      |                                                                                                   |                                                  |                                  |                                                                                     |                                        |                                |
|                                                    |                                                                                                                      |                                                                                                   | B.                                               | 1 ***                            |                                                                                     |                                        | Code                           |
| 11. Pursuant office or agent. I s                  | to the provisions of Sections 607.050 registered agent, or both, in the State am tamiliar with, and accept the oblig | 02 and 607,1508, Florida Statu<br>e of Florida. Such change was<br>lations of Section 607,0505, F | ites, the abo<br>authorized to<br>lorida Statute | ve-named cor<br>by the corpora   | poration submits this statement for the pation's board of directors. I hereby accep | urpose of changing the appointment as  | its registered<br>s registered |
| SIGNATURE                                          |                                                                                                                      |                                                                                                   | 101100 0101011                                   |                                  |                                                                                     |                                        |                                |
| OIGHATOTIC                                         | Signature, typed or printed name of registered age                                                                   | ant and title if applicable. (NC                                                                  | TE: Registered A                                 | gent signature requ              | lired when reinstating)                                                             | DATE                                   |                                |
| 12.                                                | OFFICERS AN                                                                                                          | D DIRECTORS                                                                                       | 13.                                              |                                  | ADDITIONS/CHANGES TO OFFICE                                                         | ERS AND DIRECTO                        | RS IN 12                       |
| TITLE                                              | P                                                                                                                    | DELETE                                                                                            | 1.1 THTLE                                        |                                  |                                                                                     |                                        |                                |
| NAME                                               | KASSAB, ROBERT L                                                                                                     |                                                                                                   | 1.2 NAME                                         |                                  | 90000223 <b>4355</b><br>-07/09/9701115007                                           |                                        | ຕດລີ້                          |
| STREET ADDRESS                                     | ONE STAINLESS PLAZA                                                                                                  |                                                                                                   | 1.3 STREE                                        | T ADDRESS                        |                                                                                     | .00 ****5!                             |                                |
| CITY-ST-ZIP                                        | DEERFIELD BEACH FL                                                                                                   |                                                                                                   | 1.4 CITY                                         | ST-ZIP                           | <b>☆☆☆11UU</b>                                                                      | .UU *****                              | טט.טט                          |
| TMLE                                               | EVP                                                                                                                  | DELETE                                                                                            | 2.1 TITLE                                        |                                  |                                                                                     | ☐ Change                               | Addition                       |
| NAME                                               | KASSAB, GREGORY E                                                                                                    |                                                                                                   | 2.2 NAME                                         | : [                              |                                                                                     |                                        |                                |
| STREET ADDRESS                                     | ONE STAINLESS PLZ                                                                                                    |                                                                                                   | 1                                                | T ADDRESS                        |                                                                                     |                                        |                                |
| CITY-ST-ZIP                                        | DEERFIELD BOH FL                                                                                                     |                                                                                                   | 2. 4 CITY                                        |                                  |                                                                                     |                                        |                                |
| TITLE                                              | VP                                                                                                                   | DELETE                                                                                            | 3.1 TITLE                                        | -31-24                           |                                                                                     | Change                                 | Addition                       |
| NAME                                               | KASSAB, THOMAS M                                                                                                     |                                                                                                   | 3.2 NAME                                         |                                  |                                                                                     | C. Ontarigo                            |                                |
| STREET ADDRESS                                     | ONE STAINLESS PLAZA                                                                                                  |                                                                                                   |                                                  | T ADDRESS                        |                                                                                     |                                        |                                |
| CITY-ST-ZIP                                        | DEERFIELD BEACH FL                                                                                                   |                                                                                                   | 3.4. CITY                                        |                                  |                                                                                     |                                        |                                |
| TITLE                                              | ST                                                                                                                   | DELETE                                                                                            | 4.1 TITLE                                        | 91° ZIF                          |                                                                                     | Change                                 | Addition                       |
| NAME                                               | KASSAB-RENO, CAROL L.                                                                                                |                                                                                                   | 4. 2 NAME                                        | .                                |                                                                                     | C creatige                             | Addition                       |
| STREET ADDRESS                                     | ONE STAINLESS PLAZA                                                                                                  |                                                                                                   |                                                  | T ADDRESS                        |                                                                                     |                                        |                                |
| CITY-ST-ZIP                                        | DÉERFIELD BCH. FL                                                                                                    |                                                                                                   |                                                  |                                  |                                                                                     |                                        |                                |
| TITLE                                              | DESIGNICAL DOTTO IL                                                                                                  | DELETE                                                                                            | 4.4 CITY-<br>5.1 TITLE                           | 51-ZIP                           |                                                                                     | Change                                 | Addition                       |
| NAME                                               |                                                                                                                      |                                                                                                   | 5.1 TITLE<br>5.2 NAME                            |                                  |                                                                                     | CT cuantile                            | AUGIRION                       |
| STREET ADDRESS                                     |                                                                                                                      |                                                                                                   |                                                  | i                                |                                                                                     |                                        |                                |
|                                                    |                                                                                                                      |                                                                                                   |                                                  | T ADDRESS                        |                                                                                     |                                        |                                |
| CITY-ST-ZIP<br>TITLE                               |                                                                                                                      | DELETE                                                                                            | 5.4 CITY -                                       | SI - ZIP                         |                                                                                     | —————————————————————————————————————— |                                |
|                                                    |                                                                                                                      | ר"ו הנדנונ                                                                                        | 6.1 TITLE                                        |                                  |                                                                                     | ☐ Change                               | Addition                       |
| NAME                                               |                                                                                                                      |                                                                                                   | 6.2 NAME                                         |                                  |                                                                                     |                                        |                                |
| STREET ADDRESS                                     |                                                                                                                      |                                                                                                   | 6.3 STREE                                        | T ADDRESS                        |                                                                                     |                                        |                                |

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not quality 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 chapter, or on an attachment with an address.

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