

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

FILED  
Mar 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 590838</b>		<b>(9)</b>	
<b>1. Corporation Name</b> <b>B &amp; W CUSTOM STAINLESS, INC.</b>			
Principal Place of Business		Mailing Address	
6863 HANGING MOSS RD ORLANDO FL 32807		6863 HANGING MOSS RD ORLANDO FL 32807-5326	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.	
<b>22</b> City & State		<b>27</b> City & State	
<b>23</b> Zip Country		<b>28</b> Zip Country	
<b>24</b> <b>25</b>		<b>29</b> <b>30</b>	
<b>9. Name and Address of Current Registered Agent</b>			
<b>LARSON, DOROTHY M.</b> <b>710 BARRINGTON CIRCLE</b> <b>WINTER SPRINGS FL 32708</b>			<b>81</b> Name  <b>82</b> Street Address  <b>83</b>  <b>84</b> City
<b>11.</b> Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
<b>OFFICERS AND DIRECTORS</b>			
<b>12.</b>		<b>13.</b>	
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	LARSON, WILLIAM W.		
STREET ADDRESS	912 BISHOP PARK #1128		
CITY - ST - ZIP	WINTER PARK FL		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	LARSON, DOROTHY M.		
STREET ADDRESS	710 BARRINGTON CIRCLE		
CITY - ST - ZIP	WINTER SPRINGS FL		
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE		
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STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
<b>14.</b> I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: _____			

[REDACTED]

CR2E034 (9/96)