


FILE NOW: FILING FEE IS \$61.25

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Jun 12 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756566 (6)**  
 1. Corporation Name  
**AMERISTEEL FOUNDATION, INC.**



Principal Place of Business <b>5100 W LEMON ST 312 TAMPA FL 33609 US</b>	Mailing Address <b>P O BOX 31328 TAMPA FL 33631-3328 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>02/27/1981</b>	3a. Date of Last Report <b>04/15/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2162362</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HILL, M F 1715 CLEVELAND ST TAMPA FL 33606</b>		10. Name and Address of New Registered Agent <b>81 Name Landa, T.J. 82 Street Address (P.O. Box Number is Not Acceptable) 5100 W. Lemon Street 83 Suite 312 84 City Tampa, FL 85 Zip Code 33609</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Tom J. Landa* **Tom J. Landa** **5/9/97**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VDP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>VSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HOUGE, J. C</b>		1.2 NAME <b>Landa, T.J.</b>	
STREET ADDRESS <b>1715 CLEVELAND ST</b>		1.3 STREET ADDRESS <b>5100 W. Lemon Street</b>	
CITY-ST-ZIP <b>TAMPA FL</b>		1.4 CITY-ST-ZIP <b>Tampa, FL 33609</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CREED, T. G.</b>		2.2 NAME <b>Haney, J.D.</b>	
STREET ADDRESS <b>1715 CLEVELAND ST</b>		2.3 STREET ADDRESS <b>5100 W. Lemon Street</b>	
CITY-ST-ZIP <b>TAMPA FL</b>		2.4 CITY-ST-ZIP <b>Tampa, FL 33609</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HILL, M F</b>		3.2 NAME	
STREET ADDRESS <b>1715 CLEVELAND ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>P D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CASEY, PHILLIP</b>		4.2 NAME	
STREET ADDRESS <b>1715 CLEVELAND ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Tom J. Landa* **Tom J. Landa** **5/9/97**

CR2E037 (9/96)