

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -3 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 840451 (9)

1. Corporation Name

MIDWOOD STEEL CO., INC.

Principal Place of Business

% SOL H. PALLEY  
6361 FALLS CIRCLE NORTH  
LAUDERHILL FL 33319

Mailing Address

% SOL H. PALLEY  
6361 FALLS CIRCLE NORTH  
LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>04/14/1978                                                                                                                | 3a. Date of Last Report<br>07/28/1994 |
| 4. FEI Number<br>11-1580623                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 25                     |
| 29                             | 30                     |

|                                                                  |  |
|------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                  |  |
| PALLEY, SOL H.<br>6361 FALLS CIRCLE NORTH<br>LAUDERHILL FL 33319 |  |

|                                                       |                |
|-------------------------------------------------------|----------------|
| 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 Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PTD                    | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PALLEY, SOL H          | 12 NAME                                               |                                                                   |
| STREET ADDRESS             | 6361 FALLS CIRCLE NO   | 13 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | LAUDERHILL, FL 0 33319 | 14 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                        | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 22 NAME                                               |                                                                   |
| STREET ADDRESS             |                        | 23 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                        | 24 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                        | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 32 NAME                                               |                                                                   |
| STREET ADDRESS             |                        | 33 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                        | 34 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                        | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 42 NAME                                               |                                                                   |
| STREET ADDRESS             |                        | 43 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                        | 44 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                        | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 52 NAME                                               |                                                                   |
| STREET ADDRESS             |                        | 53 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                        | 54 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                        | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 62 NAME                                               |                                                                   |
| STREET ADDRESS             |                        | 63 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                        | 64 CITY, ST, ZIP                                      |                                                                   |

14. I hereby certify that the information reported with this filing is voluntarily furnished and does not comply with the exemption stated in Section 119.03(2)(b), Florida Statutes. I further certify that the information included 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 recorder or trustee empowered to execute this report as required by Chapter 1997, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or on any supplemental filing.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/95