

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90009 043 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 855821**  
 1. Corporation Name  
**ATLANTIC STEEL INDUSTRIES, INC.**

Principal Place of Business 1300 MECASLIN ST ATLANTA GA 30318 US	Mailing Address 1300 MECASLIN ST ATLANTA GA 30318 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/17/1983</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>16-0924140</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<b>VSD</b>
NAME	WEBB, JESS J	1.2 NAME	<b>MYNARD, CHARLES W.</b>
STREET ADDRESS	1300 MECASLIN ST., N.W.	1.3 STREET ADDRESS	1300 MECASLIN ST., N.W.
CITY-ST-ZIP	ATLANTA GA 30318	1.4 CITY-ST-ZIP	ATLANTA, GA 30318
TITLE	ASD	2.1 TITLE	<b>ASD</b>
NAME	SELING, GERARD A	2.2 NAME	<b>HARMON, CORNELIUS A.</b>
STREET ADDRESS	2859 PACES FERRY RD	2.3 STREET ADDRESS	1300 MECASLIN ST. N.W.
CITY-ST-ZIP	ATLANTA GA 30318	2.4 CITY-ST-ZIP	ATLANTA, GA 30318
TITLE	V	3.1 TITLE	
NAME	THURSTON, KENNETH P	3.2 NAME	
STREET ADDRESS	1300 MECASLIN ST., N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	CS	4.1 TITLE	
NAME	GIBSON, GERALD C	4.2 NAME	
STREET ADDRESS	1300 MECASLIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	RILEY, WILLIAM O	5.2 NAME	
STREET ADDRESS	1300 MECASLIN ST NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30318	5.4 CITY-ST-ZIP	
TITLE	ASD	6.1 TITLE	
NAME	GOLDSTEIN, GEORGE	6.2 NAME	
STREET ADDRESS	2859 PACES FERRY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Charles W. Mynard* **CHARLES W. MYNARD** 8/14/99 404-897-4566

CR2E034 (5/99)