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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000003801 (8)

1. Corporation Name

CONSOLIDATED STAINLESS, INC.



Principal Place of Business

2170 WEST STATE ROAD 434, SUITE 330
LONGWOOD FL 32779

Mailing Address

2170 WEST STATE ROAD 434, SUITE 330
LONGWOOD FL 32779-4990

1601 E Amelia
Orlando FL 32803

1601 E Amelia
Orlando FL 32803

2. Principal Place of Business

21 1601 East Amelia St.

2a. Mailing Address

26 1601 East Amelia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, Florida

28 Orlando, Florida

Zip

Country

Zip

Country

24 32803

25 orange

29 32803

30 orange

9. Name and Address of Current Registered Agent

ADAMS, RONALD J.
2170 W STATE RD 434, SUITE 330
LONGWOOD FL 32779

3. Date Incorporated or Qualified

08/19/1993

3a. Date of Last Report

02/27/1996

4. FEI Number

59-1669166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

Ronald J. Adams

82 Street Address (P.O. Box Number is Not Acceptable)

1601 East Amelia St

83

84 City

Orlando

FL

85 Zip Code

32803

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE POT ☐ DELETE

NAME ADAMS, RONALD J
STREET ADDRESS 2170 WEST STATE ROAD 434, SUITE 330
CITY-ST-ZIP LONGWOOD FL

TITLE S ☐ DELETE

NAME RASHY, DANIEL
STREET ADDRESS 2170 WEST STATE ROAD 434, SUITE 330
CITY-ST-ZIP LONGWOOD FL

TITLE V ☐ DELETE

NAME SIGMON, MICHAEL A
STREET ADDRESS 2309 GREENSDALE CT.
CITY-ST-ZIP PONTE VEDRA FL

TITLE CD ☐ DELETE

NAME ADAMS, HARVEY B
STREET ADDRESS 95 BENNETT STREET
CITY-ST-ZIP AUBURNDALE FL

TITLE D ☐ DELETE

NAME GAMSON, ROBERT
STREET ADDRESS 1501 THE OAKS DRIVE
CITY-ST-ZIP MATLAND FL 32751

TITLE VP ☒ DELETE

NAME COLE, CHRISTOPHER B.
STREET ADDRESS 2230 20TH STREET, N.W.
CITY-ST-ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1601 East Amelia St
1.4 CITY-ST-ZIP Orlando, FL 32803

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1601 East Amelia St
2.4 CITY-ST-ZIP Orlando, FL 32803

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS P.O. Box 2853
3.4 CITY-ST-ZIP Ponte Vedra, FL 32004-2853

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS Burton R. Chastov
6.4 CITY-ST-ZIP 1601 East Amelia St
Orlando, FL 32803

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-97 407-896-4000

Date Daytime Phone #

CR2E034 (9/96)