

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # F94000001371
1. Corporation Name

Dunloy Steel, Inc.



Principal Place of Business
10160 Collins Ave. #206
Bal harbor, FL 33154

Mailing Address
592 CARRIAGE CIRCLE
PITTSBURGH PA 15205

3. Date Incorporated or Qualified 9-16-93	3a. Date of Last Report 12-31-94
4. FEI Number 65-0438154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD GLIKES, WILLIAM S JR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	404 WOODHAVEN DRIVE	1.2 NAME	
STREET ADDRESS	WEXFORD PA 15090	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D GLIKES, ELEANOR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10160 COLLINS AVE. #206	2.2 NAME	
STREET ADDRESS	BAL HARBOR FL 33154	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD GLIKES, WILLIAM S SR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10160 COLLINS AVE. #206	3.2 NAME	
STREET ADDRESS	BAL HARBOR FL 33154	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD GLIKES, DARREN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	608 PARLIAMENT DR	4.2 NAME	
STREET ADDRESS	CORAOPOLIS PA 15108	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T GLIKES, Kevin	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	592 Carriage Circle	5.2 NAME	
STREET ADDRESS	Pittsburgh, PA 15205	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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William S. Glikes* 2/9/96

CR2E034 (12/95)