

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

DOCUMENT # F94000002868 (7)

1. Corporation Name

WEISNER STEEL PRODUCTS, INC.



Principal Place of Business

Mailing Address

77 MORAGA WAY
ORINDA CA 94563

77 MORAGA WAY
ORINDA CA 94563

3. Date Incorporated or Qualified

06/01/1994

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

WILSON, HAROLD R JR.
23429 SHINING STAR DRIVE
207 NO. 12TH ST.
LAND O'LAKES FL 34639

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

Signature of principal officer, registered agent and shareholder (if applicable)

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input type="checkbox"/> DELETE
NAME	SILVER, IVOR	
STREET ADDRESS	77 MORAGA WAY	
CITY- ST- ZIP	ORINDA CA 94563	
TITLE	CV	<input type="checkbox"/> DELETE
NAME	JUNJI, NOHARA	
STREET ADDRESS	ONE CALIFORNIA ST	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	EVINS, PAUL	
STREET ADDRESS	77 MORAGA WAY	
CITY- ST- ZIP	ORINDA CA 94563	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, KABASHIMA	
STREET ADDRESS	ONE CALIFORNIA STREET	
CITY- ST- ZIP	SAN FRANCISCO CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SILVER, B.	
STREET ADDRESS	ONE SOUTHAMPTON PL.	
CITY- ST- ZIP	LAFAYETTE CA 94596	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAKASHASHI, SEIKI	
STREET ADDRESS	ONE CALIFORNIA STREET	
CITY- ST- ZIP	SAN FRANCISCO CA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

Date

510 254 4800

Daytime Phone #

CR2E034 (12/95)