

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 27 1998 8:00am  
 Secretary of State

PROFIT CORPORATION  
 ANNUAL REPORT  
 1998



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

DOCUMENT # F9500000285 (5)

1. Corporation Name  
 PORT EVERGLADES STEEL CORPORATION

Principal Place of Business  
 1000 URBAN CENTER PKWY.. #300  
 BIRMINGHAM AL 35242-2516

Mailing Address  
 1000 URBAN CENTER PKWY.. #300  
 BIRMINGHAM AL 35242-2516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/18/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0531334	
24	Country	29	Country	5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
		84	City
		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 \_\_\_\_\_  
 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	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, JACK R.	1.2 NAME	
STREET ADDRESS	1000 URBAN CENTER DR., STE. 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECHER, CATHY W	2.2 NAME	
STREET ADDRESS	1000 URBAN CENER DRIVE., STE. 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIERNEY, JAMES F	3.2 NAME	Kevin E. Walsh
STREET ADDRESS	1000 URBAN CENTER DRIVE, STE. 300	3.3 STREET ADDRESS	1000 Urban Center Drive, Ste 300
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	DC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVEY, ROBERT A	4.2 NAME	
STREET ADDRESS	1000 URBAN CENTER DRIVE, STE. 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, ROBERT E.	5.2 NAME	J. Daniel Garrett
STREET ADDRESS	100 URBAN CENTER DRIVE, STE. 300	5.3 STREET ADDRESS	1000 Urban Center Drive, Ste 300
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKES, PHILIP L.	6.2 NAME	Oakes, Philip L
STREET ADDRESS	100 URBAN CENTER DRIVE, STE. 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	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: \_\_\_\_\_ DATE: 8-19-98 (205) 970-1229

CR2E034 (5/98)