## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000002975

1. Corporation Name

QOAST-STEEL-FABBICATORSXCOXLTDX

AGRA COAST CO. LIMITED

Principal Place of Business

Mailing Address

## FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90001 046 \*\*\*450.00



			•								
900-335-8TH AVENUE SW CALGARY, ALBERTA T2P 1C9 DC		C	1900-335-8TH AVENUE SW CALGARY. ALBERTA T2P 1C9 OC			DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualifed 06/20/1995				
2. Principal Place of Business			. Mailing Address			4.	FEI Number		Applied For		
<b>₁</b>			26				NOT APPLICABLE		Not Applicab	le	
Suite, Apt. #, e	tc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired	•	8.75 Additional Fee Required		
City & State		28	City & State			6.	Election Campaign Financing Trust Fund Contribution	•	5.00 May Be Added to Fees		
Zip	Country		Zip Country			8. This corporation owes the current year Intangible					
4	25	29	[3	30			Personal Property Tax.		res □No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM				81	Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
				83							
				84	City			FL 85	Zip Code		
office or regist	e provisions of Sections 607.0 tered agent, or both, in the Sta miliar with, and accept the obli	te of Flori	ida. Such change was aut	thorized by t	-named corpo the corporation	ratio	n submits this statement for the purpos oard of directors. I hereby accept the a	e of chan ppointmer	ging its registered nt as registered	1	
SIGNATURE											

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	DC	DELETE	1.1 TITLE			☐ Change	☐ Addition			
NAME	TAYLOR, ALEXANDER		1.2 NAME							
STREET ADDRESS	100-2010 WINSTON PARK DR		1.3 STREET ADDRESS							
CITY-ST-ZIP	OAKVILLE ON		1.4 CITY-ST-ZIP							
TITLE	D\$	DELETE	2.1 TITLE			☐ Change	☐ Addition			
NAME	DITTMER, ROBERT G		2.2 NAME							
STREET ADDRESS	1900-335-8TH AVENUE SW		2.3 STREET ADDRESS							
CITY-ST-ZIP	CALGARY, ALBERTA T2P 1C9		2.4 CITY-ST-ZIP							
TITLE	P	DELETE	3.1 TITLE			☐ Change	Addition			
NAME	JACKSON, BRUCE		3.2 NAME							
STREET ADDRESS	1515 KINGSWAY AVE		3.3 STREET ADDRESS				l			
CITY-ST-ZIP	PT COQUITLAM BC		3.4. CITY-ST-ZIP							
TITLE	AST	) DELETE	4.1 TITLE			Change	Addition			
NAME	REDDEN, F. DAVID		4. 2 NAME							
STREET ADDRESS	1900-335-8TH AVE. SW		4.3 STREET ADDRESS							
CITY-ST-ZIP	CALGARY, ALBERTA T2P 1C9		4.4 CITY-ST-ZIP							
TITLE	AS	DELETE	5.1 TITLE			☐ Change	☐ Addition			
NAME	MCLEOD, DONALD J		5.2 NAME				ł			
STREET ADDRESS	1900-335-8TH AVE. SW		5.3 STREET ADDRESS							
CITY-ST-ZIP	CALGARY, ALBERTA T2P 1C9		5.4 CITY-ST-ZIP							
TITLE	C 5	}DELETE	6.1 TITLE	CONTROLLER		Change	Addition			
NAME	MACKENZIE, STEPHEN		6.2 NAME	LEWIS, RICHARD			ľ			
STREET ADDRESS	1515 KINGSWAY AVE		6.3 STREET ADDRESS	1515 KINGSWAY AVE			ł			
CITY-ST-ZIP	PT COQUITLAM BC V3C 1		6.4 CITY-ST-ZIP	PT COQUITLAM, BC	V3C 1S2	· · · · · · · · · · · · · · · · · · ·				

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 appear in 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 appear in supplied with the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the test empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 it shanged, or join an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert G. Dittmer, Secretary

Apr. 19/99

(403) 263-9606