

**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 # **F95000005378 (3)**

1. Corporation Name

**INDUSTRIAL GALVANIZERS AMERICA, INC.**



Principal Place of Business

Mailing Address

433 SOUTH MAIN ST., STE. 117  
 CORPORATE CENTER WEST  
 WEST HARTFORD CT 06110

433 SOUTH MAIN ST., STE. 117  
 CORPORATE CENTER WEST  
 WEST HARTFORD CT 06110

3. Date Incorporated or Qualified

3a. Date of Last Report

11/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

59-3337381

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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: 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  DELETE  
 NAME DP SMITS, PAUL M  
 STREET ADDRESS 433 SOUTH MAIN ST., STE. 117  
 CITY- ST- ZIP WEST HARTFORD CT 06110

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY- ST- ZIP

TITLE  DELETE  
 NAME DST RUTH, JOHN G JR.  
 STREET ADDRESS 433 SOUTH MAIN ST., STE. 117  
 CITY- ST- ZIP WEST HARTFORD CT 06110

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY- ST- ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY- ST- ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY- ST- ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY- ST- ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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

*[Handwritten Signature]*

2/2/96

660-561-2240

Date

Daytime Phone #

CR2E034 (12/95)