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 # F9700005868

FIRST COAST POLYSTEEL, INC.

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90018 050 ***550.00



Principal Place of Business Mailing Address					(ISBNIES (198 1911) 1961/ 981/1 881/1 981/1 981/1 981/1 981/1 981/1 981/1 981/1 981/1 981/1 981/1 981/1 981/1
11660-B CENTRAL PKWY PO BOX 657					
JACKSONVIJAC FL 32224 PONTE VEDRA FL 32004-0657			,		DO NOT WRITE IN THIS SPACE
US .				•	3. Date Incorporated or Qualifed
,					11/06/1997
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number Applied For
21 11762 Marco Beach Dr 26					56-1942912 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22 1 Suite 1 27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing S5.00 May Be
23 JACKSONVILLE FL 28					Trust Fund Contribution Added to Fees
Zip Country Zip Cou			Country	,	8. This corporation owes the current year Intangible
24 3222	29 057	29 36	<u> </u>		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
Dr.	AVED LANCE		81	Name	
1	WER, MIKE		82	Street /	Address (P.O. Box Number is Not Acceptable)
1	ROON TRACE				
PONTE VEDRA FL 32082			83		
			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 of Statutorized by the corporation's board of directors. I hereby accept the appointment as registered					
office or re	egistered agent, or both, in the State of the figure of the abligation of the colligation of the colling of t	ons of, Section 607.0505, Florid	a Statutes	ine corpo	
SIGNATURE White Drewer 5/1/99					
Signature, typed or printed name of registered agent and title (if applicable (NOTE: Registered Agent signature required when reinstating)					equired when reinstating) DATE
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, MICHAEL		1.2 NAME		
STREET ADDRESS	57 TROON TRACE		13 STREE	TADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32082		1.4 CITY-S	T-ZIP	
TITLE	DELETE 21TF		21 TITLE		☐ Change ☐ Addition
NAME	221		2.2 NAME	}	
STREET ADDRESS	ADDRESS 2.3		2.3 STREE	TADDRESS	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	Ì	
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP	
TITLE	_	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREE	TADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE	}	☐ Change ☐ Addition
NAME			5.2 NAME	ļ	
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T- ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	}	
STREET ADDRESS	,		6.3 STREE	TADDRESS	
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	
		11 2 20 1 1 12 2 1			in Section 119 07/3/(i) Florida Statutes I further certify that the information

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 maddress, with all other like empowered.