

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90002 046 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003295
 1. Corporation Name
STAINLESS ENTERPRISES OF PA, INC.

Principal Place of Business PO BOX 1129 NORTH WALES PA 19454	Mailing Address PO BOX 1129 NORTH WALES PA 19454
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	210 S. THIRD ST	26	210 S. THIRD ST	06/08/1998		23-1313548		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23. NORTH WALES, PA		28. NORTH WALES, PA		6. Trust Fund Contribution		6. Trust Fund Contribution		6. Trust Fund Contribution	
24. Zip		25. Country		29. Zip		30. Country		8. This corporation owes the current year Intangible Personal Property.	
24. 19454		25. USA		29. 19454		30. USA		8. Yes <input type="checkbox"/> No <input type="checkbox"/>	

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			

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	PCEO	<input type="checkbox"/> DELETE	1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADY, BRIAN W		1.2 NAME				
STREET ADDRESS	2178 COMMONS PKWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	OKEMOS MI 48864		1.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVY, FRED L		2.2 NAME				
STREET ADDRESS	2178 COMMONS PKWY		2.3 STREET ADDRESS				
CITY-ST-ZIP	OKEMOS MI 48864		2.4 CITY-ST-ZIP				
TITLE	CFO	<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLMAN, RICK A		3.2 NAME				
STREET ADDRESS	94 SOUTH PARK		3.3 STREET ADDRESS				
CITY-ST-ZIP	SAN FRANCISCO CA 94107		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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:  **President** **REQUIRED**
 Signature and typed or printed name of signing officer or director
 Date: 8/3/99 Daytime Phone #: 577-347-4141

CR2E034 (5/99)