

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90051 024 \*\*\*158.75

UC060606

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G20815**

1. Corporation Name  
**CUSTOM STAINLESS PRODUCTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 % LAURENCE P. KELLY III % LAURENCE P. KELLY III  
 204 SW 14TH ST 204 SW 14TH ST  
 FT. LAUDERDALE FL 33315-1532 FT. LAUDERDALE FL 33315-1532

3. Date Incorporated or Qualified  
**01/28/1983**

4. FEI Number Applied For  
**59-2254105** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **1126 S. Federal Hwy** 26 **1126 S. Federal Hwy**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Suite 499** 27 **Suite 499**  
 City & State City & State  
 23 **Ft. Lauderdale, FL** 28 **Ft. Lauderdale, FL**  
 Zip Country Zip Country  
 24 **33316** 25 29 **33316** 30

9. Name and Address of Current Registered Agent  
**KELLY, LAURENCE P. III**  
**204 SW 14TH ST**  
**FT. LAUDERDALE FL**

10. Name and Address of New Registered Agent  
 81 Name **Kelly, Laurence P. III**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1126 S. Federal Hwy**  
 83 **Suite 499**  
 84 City **Ft. Lauderdale** **FL** 85 Zip Code **33316**

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 Laurence P. Kelly III LAURENCE P. KELLY III 01/22/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, LAWRENCE P III	
STREET ADDRESS	204 S W 14TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KELLY, PEGGY A.	
STREET ADDRESS	13708 SE 259 ST	
CITY-ST-ZIP	KENT WA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kelly, Laurence P. III	
1.3 STREET ADDRESS	1126 S. Federal Hwy Suite 499	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Laurence P. Kelly III LAURENCE P. KELLY III 01/22/99 9544633895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)