## 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 #	G20815
1 Corporation Name	WEUU IU

CUSTOM STAINLESS PRODUCTS, INC.

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

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

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



					<u> </u>	<b>MINII AINII MINII NEN</b> TI	
Principal Place	e of Business	Mailing Address			[ (86)((] 48)4 ((4) 48)3 (14)4 (14)	01811 21811 01811 01811	41812 B1411 1481
% LAURENCE P. KELLY III % LAURENCE P. KELLY III   204 SW 14TH ST 204 SW 14TH ST   FT. LAUDERDALE FL 33315-1532 FT. LAUDERDALE FL 33315-15		1522		. DO NOT WRITE IN	THIS SPACE		
FI. LAUDERDA	LE FE 33313-1332	FI. LAUDENDALE FL 33313-13	132		3. Date Incorporated or Qualifed		
					01/28/1983		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Aı	oplied For
		26 1126 S. Fed	era 1	Hwv	59-2254105	N.	ot Applicable
21 1126 S. Federal Hwy 26 1126 S. Federal Hwy Suite, Apt. #, etc.			<u> </u>	11117		\$8.75	Additional
22 Suite 499 27 Suite 499					5. Certifcate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
Ft. Lauderdale, FL 28 Ft. Lauderd			ale,	FL	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		
24 23316	25	29 33316 30			Personal Property Tax.	☐ Yes	XNo
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Regist	ered Agent	
1/51	V LAUDENCE D. III		81	Name K	celly, Laurence P. I	II	
	LY, LAURENCE P. III		82	Street Add	tress (P.O. Box Number is Not Acceptable)		
	SW 14TH ST			1	126 S. Federal Hwy		
FI. i	LAUDERDALE FL		83		Suite 499		
			84	City	<del></del>	<b>85</b> Zip	Code
				F	t. Lauderdale		Code 3316
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named cor	poration submits this statement for the purpo tion's board of directors. I hereby accept the	se of changing its	registered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	the corporat	lion's board of directors. Thereby describe	_ /	9.0.0
			= P /	ÆLLY	111 01/2	2/99_	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Ager	nt signature requir	red when reinstating) / DA	TE /	200 1140
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	(X) Change	Addition
TITLE	PT	DELETE	1.1 TITLE		PT		
NAME	KELLY, LAWRENCE P III		12 NAME		Kelly, Laurence P. 1	[II Suita 49	a a
STREET ADDRESS	204 S W 14TH ST			ADDRESS ]	126 S. Federal Hwy St. Lauderdale, FL 3	301CC 4.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	□ priete	1.4 CITY-S	T-ZIP L	t. Lauderoale, FD 5	☐ Change	Addition
TITLE	VS	☐ DELETE	2.1 TITLE			☐ Citatige	
NAME	KELLY, PEGGY A.		2.2 NAME				
STREET ADDRESS	13708 SE 259 ST		i	T ADDRESS	,		
CITY-ST-ZIP	KENT WA		2.4 CITY-5	ST-ZIP	*	. Chance	Addition
TITLE		☐ DELETE	.3.1 TITLE			Glange	
NAME			3.2 NAME		•		}
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		Delete	3.4. CITY- S	T-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			спануе	
NAME			4. 2 NAME				ĺ
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP		<u> </u>	4.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			[_] Change	
NAME			5.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP							
TITLE			5.4 CITY-S	1-ZIP		Chanca	Addition
		☐ DELETE	6.1 TITLE	1-2119		Change	Addition
NAME		☐ DELETE	6.1 TITLE 6.2 NAME			Change	Addition
		☐ DELETE	6.1 TITLE 6.2 NAME	ADDRESS		Change	Addition

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.