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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H40444**

1. Corporation Name

Principal Place of Business

SOUTHEAST STEEL INC.

	#409. BLDG. 19 SUITE 409 YWOOD FL 33021 HOLLYWOOD FL 33021					DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed 01/30/1985				
2. Principal P	lace of Business	2a	a. Mailing Address			4. FEI Numbe			A	pplied For
3850 W	ashington St. A	26	3850 WASH	41N67	IN ST	59-24922	288		N	ot Applicable
Suite, Apt.	#, etc. T # 1109 B	LD6 27 27	Suite, Apt. #, etc.		LP6 27	5. Certifcate o	Status Desired			Additional equired
City & Stat	1000 F1.	28	City & State -	F1.		6. Election Ca Trust Fund	mpaign Financing Contribution		-	May Be to Fees
Zip	Country 25 USA		Zip 33021	_	untry 454.		ation owes the cu	rrent year In	angible	□No
24 33021				30	T	Personal Pr	Address of New	Registered		
<del></del>	9. Name and Addres	s or current Kegi	stereu Ayent	<del></del>	81 Name	11	4 /	· · · · · · · · · · · · · · · · · · ·	go./t	
HER	MAN, MARVIN					HERMAN,	MARVIN		<del> </del>	
901	HILLCREST DRIVE					Address (P.O. Box Nun O WASH (NGT		table)	1109	Bux 27
BLD	G. 19, APT. 409				83	4 21 41 ( 10 G )	-/-			
HOL	LYWOOD FL 33021									
					84 City	CLYGNOD		FL	85 Zip	Code
44 0	to the provisions of Section	no 607 0502 and 6	COT 1509 Florida State	tos the a			e statement for th			
office or n	egistered agent, or both, i	in the State of Flori	ida. Such change was	authorized	by the corpo	pration's board of direct	ors. I hereby acc	ept the appoi	ntment as r	egistered
agent. I a	m familiar with, and accep	ot the obligations of	of, Section 607.050 <u>5</u> , Fi	orida Stat	utes.	1. ' //a.				
agent. I a	m familiar with, and accept  MARVIN 1	ot the obligations of HERMAN	of, Section 607.0505, FI	orida Stat	utes.	Laura He	lun	4-7-		
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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 is changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

305-691-1500

Addition

Change

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90184 009 \*\*\*150.00