


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90186 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # J35980 1. Corporation Name B & E MACHINE SHOP AND SHEET METAL FAB., INC.		



Principal Place of Business 3059 S.E. MONROE ST STUART FL 34997 US	Mailing Address 3059 S.E. MONROE ST STUART FL 34997 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 10/02/1986	4. FEI Number 59-2727286	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State	29 Zip	30 Country
22 City & State	27 City & State	28 City & State	29 Zip	30 Country	31 Country
23 Zip	24 Country	25 Zip	26 Country	27 Zip	28 Country
24 Zip	25 Country	26 Zip	27 Country	28 Zip	29 Country

9. Name and Address of Current Registered Agent SIMMONS, CHARLES T. 2143 SE OCEAN BLVD. STUART FL 34996		10. Name and Address of New Registered Agent 81 Name: SIMMONS & SIMMONS CPA 82 Street Address (P.O. Box Number is Not Acceptable): 417 COCONUT AVENUE 83 SUITE # 1 84 City: STUART FL 85 Zip Code: 34996	
--	--	--	--

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: *Charles T. Simmons* CPA DATE: 5-6-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, ELMENA	1.2 NAME	
STREET ADDRESS	486 SE CROSSPOINTE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, BYRON	2.2 NAME	
STREET ADDRESS	486 SE CROSSPOINTE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Byron James V.P.* 4/22/1999 561-283-2940

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (1/98)