

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


FILED

Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90053 004 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L20406					
1. Corporation Name INTERNATIONAL STRUCTURAL SERVICES, INC.					
Principal Place of Business % WALTER J. GATTI 2060 SOUTH PATRICK DR INDIAN HARBOUR BEACH FL 32937			Mailing Address % WALTER J. GATTI 2060 SOUTH PATRICK DR INDIAN HARBOUR BEACH FL 32937		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1989	
21		26		4. FEI Number 59-2978902	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29			
Country		Country			
25		30			
9. Name and Address of Current Registered Agent GATTI, WALTER J. 2060 SOUTH PATRICK DR. INDIAN HARBOUR BEACH FL 32937			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DVT			1.2 NAME		
STREET ADDRESS GATTI, WALTER J.			1.3 STREET ADDRESS		
CITY-ST-ZIP 2060 S PATRICK DR.			1.4 CITY-ST-ZIP		
INDIAN HARBOUR BCH F					
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DV			2.2 NAME		
STREET ADDRESS ALONSO, JOHN			2.3 STREET ADDRESS		
CITY-ST-ZIP 70 EAST OLD COUNTRY RD			2.4 CITY-ST-ZIP		
HICKSVILLE NY					
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DP			3.2 NAME		
STREET ADDRESS NAKAMURA, YUGI			3.3 STREET ADDRESS		
CITY-ST-ZIP 8-23-3 OUIJAI			3.4 CITY-ST-ZIP		
CHIBA 285, JAPAN					
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME S			4.2 NAME		
STREET ADDRESS GATTI, DOROTHEA			4.3 STREET ADDRESS		
CITY-ST-ZIP 2060 S. PATRICK DR.			4.4 CITY-ST-ZIP		
INDIAN HARBOUR BCH FL					
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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99
Date

407-743-3036
Daytime Phone #

CR2E034 (11/98)