

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

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

04-26-1999 90290 035 \*\*\*150.00

DOCUMENT # L74308

1. Corporation Name  
IPSCO-FLORIDA, INC.

Principal Place of Business  
% POPKIN & SHURPIN, P.A.  
2499 GLADES RD SUITE 114  
BOCA RATON FL 33431

Mailing Address  
% POPKIN & SHURPIN, P.A.  
2499 GLADES RD SUITE 114  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1990

4. FEI Number

59-3027354

Applied For  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHURPIN, POPKINS  
2499 GLADES RD  
SUITE 114  
BOCA RATON FL 33431

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~ST~~ ☒ DELETE  
NAME WAGNER, NANCY  
STREET ADDRESS 2900 S. 21ST S. 21ST AVE  
CITY-ST-ZIP BROADVIEW IL

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Ken Morency  
1.3 STREET ADDRESS 2424 Wisconsin Ave.  
1.4 CITY-ST-ZIP Downers Grove IL 60515

TITLE ~~PD~~ ☐ DELETE  
NAME PORTER, HERBERT L.  
STREET ADDRESS 2900 S. 21ST AVENUE  
CITY-ST-ZIP BROADVIEW IL

2.1 TITLE Chairman ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ~~VD~~ ☒ DELETE  
NAME FOUSHI, JOHN J.  
STREET ADDRESS 2900 S. 21ST AVENUE  
CITY-ST-ZIP BROADVIEW IL

3.1 TITLE CEO ☐ Change ☒ Addition  
3.2 NAME Charles Suhagant  
3.3 STREET ADDRESS 2424 Wisconsin Ave  
3.4 CITY-ST-ZIP Downers Grove IL 60515

TITLE ~~D~~ ☒ DELETE  
NAME WACHS, EDWARD H.  
STREET ADDRESS 2900 S. 21ST AVENUE  
CITY-ST-ZIP BROADVIEW IL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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: Ken Morency President

4/21/99

630.435.9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

033776

CR2E034 (11/98)