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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L91649

(8)

**FILED** Jan 14 1997 8:00am Secretary of State

AJAX STEEL AND SUPPLY, TRUST, INC.  Principal Place of Business Mailing Address  PO BOX 141083 ORLANDO FL 32803  ORLANDO FL 32814-1083					
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal 8	Tace of Business	2a. Mailing Address		07/17/1990 4. FE! Number	04/03/1996 Applied For
21	AND THE PROPERTY OF	26		59-3022792	Not Applicable
Suite, Apt.	#, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	
	20		30	Florida Statutes	☐ Yes ☐ No
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
	LLMAN, PAUL J.		81 Name		
	8 NORTHWOOD TERR		82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)
UHIL	ANDO FL 32803		63		
			84 City		FL 85 Zip Code
SIGNATURE	Signation typical or probabilitiative of registers. Fa	VD DIRECTORS	Registered Agent signature req	jurged when reinstalling) ADDITIONS/CHANGES TO OFFI	
TITLE	D	□ DELETE	1.1 TITLE		Change Addition
NAME	SPELLMAN, PAUL J. 111 S MAITLAND AVE		1.2 NAME		
STREET ADDRESS	MAITLAND FL		1.3 STREET ADDRESS   1.4 City-St-Zip		
C-TY - ST - ZIP THTLE	MAILLANDIL	☐ D€UF1€	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY-ST-ZIP		
TIFLE		DELETE	3.1 TITLE	•	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STEEET ADORESS		
CITY-ST-ZIP			3.4 CHY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - 7IP			4.4 CITY - ST - ZIP	and the second s	F10: F1::::::
TIFLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - Zif*		DELETE	5.4 CITY~ST~ZIP 6.1 TITLE		Change Addition
NAME		E4 *******	6.2 NAME		
STREET ADORESS			6 3 STREET ADDRESS		
CHTY-ST-ZIP			64 CITY - ST - ZIP	•	
	<u>*</u>				

14. For 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 or onen attachment with an address.

SIGNATURE:

AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6,97