SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Jul 23 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** L91649 (8) AJAX STEEL AND SUPPLY, TRUST, INC. Principal Place of Business Mailing Address PO BOX 141083 PO BOX 141083 ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3022792 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SPELLMAN, PAUL J. 81 1818 NORTHWOOD TERR 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 84 City 85 Zip Code Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this state office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. rpose of changing its registered the appointment as registered I have no neword of having received the "First notice" the "First notice" SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE CR2E034 (5/98) 12. OFFICERS AND DIRECTORS CERS AND DIRECTORS IN 12 TITLE DELETE Change Addition S**PE**LLMAN, PAUL J. NAME 111 S MAITLAND AVE STREET ADDRESS MAITLAND FL CITY-ST-ZIF TITLE DELETE Change ___ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE ___ Change ___ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE 5 1 TITLE DELETE Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

Paul billellman

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Lely 17 98

407-644-0257

FILED