FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # M53584

(2)

OCEAN CITY SHEET METAL, INC.								
Principal Place of Business Maring Address								
C/O ROBERT J. MCDONALD 610 WEST DR. DELRAY BEACH FL 33445		610 N	C/O ROBERT J. MCDONALD 610 WEST DR. DELRAY BEACH FL 33445					
		DECK				3. Date incorporated or Qualified 06/10/1987	3a. Date of La 06/07/	1995
Principal Pla	ce of Business	2a. Ma	oiling Address			4. FEI Number		Applied For
		26				65-0033814		Not Applicable
Suite, Apt #	e, etc	27 Su	rte, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional Fee Required
City & State			ty & State			6. Election Campaign Financing Trust Fund Contribution	P 1	5.00 May Be
Zip	Country	Zıç	n	Country	· · · · · · · · · · · · · · · · · · ·		r intangible tax und	ler s 199.032,
	25	29		30		l	es 🔲 No	g
	9. Name and Address of Curre	nt Registere	ed Agent		T	10. Name and Address of New	Registered Agen	t
				81	Name			
MCDONALD, ROBERT J. 810 WEST DR.					Street Addr	ddress (P.O. Box Number is Not Acceptable)		
DELRAY I	BEACH FL 33445			83				
				84	City		FL 85	Zip Code
or registere familiar with	o the provisions of Sections 607 050 ed agent, or both, in the State of Floor h, and accept the obligations of, Sec	rida: Such ch ction 607.050	iange was aufhon 05, Florida Stalute	ized by the con is	oration & DO3	ro or alrecturs. Thereby accept the ap-	ppointment as regis	tered agent. I am
or registere familiar with SIGNATURE	ed agent, or both, in the State of Feb. h, and accept the oblightons of, Sec Squarze specific pertension. Zerostrensky. OFEICERS Al	rida: Such ch ction 607.050	nange was authori 95, Florida Stalute 415, 485	zed by the constant April 13.	STATION & DOG	ro or alrecturs. Thereby accept the ap-	DATE FFICERS AND DIRE	CTORS IN 12
or registere familiar with SIGNATURE	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Squarze specific certainable //certainable OFFICERS AF	rida: Such ch ction 607.050	iange was authori 05, Florida Statute	zed by the constant April 13.	ets god reneque	ro of directors. Thereby accept the ap	ропилен аз гедіз	CTORS IN 12
or registere familiar with SIGNATURE	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Square prestorier teams / recovering OFFICE AS AI D MCDONALD, ROBERT J.	rida: Such ch ction 607.050	nange was authori 95, Florida Stalute 415, 485	zed by the consist feature April 13. 1 1 TITLE 1.2 NAME	ets pat reneuro	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE	CTORS IN 12
or registere familiar with SIGNATURE. 2. ITLE IAME STREET ADDRESS	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	nange was authori 95, Florida Stalute 415, 485	zed by the con anti-regular of Al- 13. 1 1 TITLE 1.2 NAME 1 3 STREE	FIS Just to be pro-	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE	CTORS IN 12
or registere familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Square prestorier teams / reconstruction OFFICE AS AI D MCDONALD, ROBERT J.	rida: Such ch ction 607.050	nange was authori 95, Florida Stalute 415, 485	zed by the consist feature April 13. 1 1 TITLE 1.2 NAME	FADDRESS ST-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE	CTORS IN 12 ange
or registere familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was author 95, Florida Stalute ar b PRS DELETE	zed by the con is ant Feeder Ali 13. 1 TITLE 12 NAME 13 STREE 14 CITY	F ADDRESS S1-ZIP	ro of directors. Thereby accept the ap	DATE FRICERS AND DIRE	CTORS IN 12 ange
or registere familiar with familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was author 95, Florida Stalute ar b PRS DELETE	246 by the Congress 13. 1 1 TITLE 1.2 NAME 1 3 STREE 1 4 CHY- 2 1 TITLE 22 NAME	F ADDRESS S1-ZIP	ro of directors. Thereby accept the ap	DATE FRICERS AND DIRE	CTORS IN 12 ange
or registere familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was author 95, Florida Staluté #** #** DELETE DELETE	24 CH1 - 23 SIRFE 24 CH1 - 24	TADORESS ST-ZIP CADORESS ST-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange Addition
or registere familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was author 95, Florida Stalute ar b PRS DELETE	2 S STREE 2 4 CITY 2 1 TITLE 2 NAME 2 1 TITLE 2 NAME 2 1 TITLE 2 NAME 2 3 STREE 2 4 CITY 3 1 TITLE	TADORESS ST-ZIP CADORESS ST-ZIP	ro of directors. Thereby accept the ap	DATE FRICERS AND DIRE	CTORS IN 12 ange Addition
or registere familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was author 95, Florida Staluté #** #** DELETE DELETE	2 1 TITLE 2 NAME 2 1 TITLE 2 NAME 2 1 TITLE 2 NAME 2 SIRFE 2 4 CIT- 3 1 NAME 3 7 NAME	TADORESS S1-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange Addition
or registere familiar with familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was author 95, Florida Staluté #** #** DELETE DELETE	24 CIT- 3 SINE 2 1 TILE 1 2 NAME 2 1 TILE 2 NAME 2 3 SINE 3 1 NILE 3 NAME 3 SINE 3 SINE 3 SINE 3 SINE	LADORESS S1-ZIP LADORESS S1-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange Addition
or registere familiar with familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was authori DE, Florida Stalute # DELETE DELETE DELETE	2 CHE FOR JOSEPH CONTROL 13. 1 1 THEF 1.2 NAME 1 3 STREE 2 1 THE 2 NAME 2 3 STREE 2 4 CH1 3 1 HILE 3 7 NAME 3 STREE 3 4 CHY 3 4 CHY 3 4 CHY	TADORESS S1-ZIP ETADORESS S1-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 Inge Addition ange Addition
OF registere familiar with SIGNATURE: 12. 11LE NAME STREET ADDRESS DITY-ST-ZIP DITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was author 95, Florida Staluté #** #** DELETE DELETE	24 CITY- 3 CITY 4 CITY-	LADORESS S1-ZIP LADORESS S1-ZIP LADORESS S1-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange Addition ange Addition
OF registere familiar with SIGNATURE: 12. 11LE NAME STREET ADDRESS CHY-ST-ZIP OTLE NAME STREET ADDRESS CHY-ST-ZIP OTLE NAME STREET ADDRESS CITY-ST-ZIP OTLE NAME	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was authori DE, Florida Stalute # DELETE DELETE DELETE	2 NAME 2 STREE 3 STREE 3 STREE 3 STREE 3 STREE 4 CITY 4 TTTLE 4 2 NAME	LADORESS S1-ZIP LADORESS S1-ZIP LADORESS S1-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange Addition ange Addition
or registere familiar with familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was authori DE, Florida Stalute # DELETE DELETE DELETE	2 NAME 2 STREE 3 STREE 3 STREE 3 STREE 3 STREE 4 CITY 4 TTTLE 4 2 NAME	FLADORESS S1-ZIP LADORESS S1-ZIP LADORESS S1-ZIP LADORESS S1-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
or registere familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	iange was authori DE, Florida Stalute # DELETE DELETE DELETE	2 11 TUE 2 1 TUE 3 1 TUE 3 1 TUE 4 CUT 4 TTUE 4 TTUE 4 3 STREE 4 3 STREE 4 3 STREE 4 3 STREE 4 4 STREE 4 3 STREE	T ADDRESS ST-ZIP C ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
or registere familiar with familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	ange was author SE, Florida Stalute # DELETE DELETE DELETE	2 1 T TE 2 1 T T T T T T T T T T T T T T T T T T	I ADDRESS SI-ZIP EI ADDRESS SI-ZIP EI ADDRESS SI-ZIP EI ADDRESS SI-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
or registere familiar with familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	ange was author SE, Florida Stalute # DELETE DELETE DELETE	2 A CITY- 4 A STREE 4 A CITY- 5 A TITLE 2 NAME 3 STREE 2 A CITY- 3 THEE 3 STREE 4 CITY- 4 THEE 4 STREE 4 CITY- 5 THEE 5 NAME 5 STREE 5 NAME 5 STREE 5 NAME 5 STREE	I ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
or registere familiar with signature	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	DELETE	2 11 THE 2 1 THE 3 THE 4 THE 4 THE 4 THE 4 THE 5	TADORESS ST-ZIP CADORESS ST-ZIP EL ADORESS ST-ZIP EL ADORESS ST-ZIP EL ADORESS ST-ZIP EL ADORESS ST-ZIP	ro of directors. Thereby accept the ap	Ch	CTORS IN 12 ange
OF registere familiar with SIGNATURE: 12. 11LE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	ange was author SE, Florida Stalute # DELETE DELETE DELETE	2 NAME 3 STREE 4 CITY 3 STREE 2 NAME 2 STREE 2 CITY 3 STREE 4 CITY 4 STREE 4 CITY 5 STREE 5 STREE 5 STREE 6 STREE	I ADDRESS ST-ZIP C ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ro of directors. Thereby accept the ap	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
OF registere familiar with SIGNATURE: 12. ITHE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	DELETE	2 A CITY- 4 T THE 3 STREE 2 A CITY- 3 THULE 3 STREE 4 CITY- 4 THE 4 STREE 4 CITY- 5 THILE 5 THILE 5 THILE 6 NAME	I ADDRESS ST-ZIP C ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ro of directors. Thereby accept the ap	Ch	CTORS IN 12 ange
or registere familiar with SIGNATURE	ed agent, or both, in the State of Forth, and accept the oblightons of, Sec Signature specification and American ap- OFFICERS AI D MCDONALD, ROBERT J. 610 WEST DR.	rida: Such ch ction 607.050	DELETE	2 A CITY- 4 T THE 3 STREE 2 A CITY- 3 THULE 3 STREE 4 CITY- 4 THE 4 STREE 4 CITY- 5 THILE 5 THILE 5 THILE 6 NAME	I ADDRECS ST-ZIP C ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	ro of directors. Thereby accept the ap	Ch	CTORS IN 12 ange

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR