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

DiTY-ST-ZIP

DOCUMENT # M82653

(0)

STATEWIDE STEEL PLACEMENT, INC.

OTAILT	MDE GTEEL I ENGLMENT,	iiiQ•									
Principal Plac	ce of Business	Mailing Ad	ddress		······································			III TURA TURA TAMBI TARAT KIN			
11005 4TH STE TREASURE ISL		11005 4TH STREET, EAST TREASURE ISLAND FL 33706-3023									
							ate Incorpo 5/26/198	orated or Qualified		ite of Last F)4/1996	Report
 -	Place of Business	2a. Mailing) Address			I	El Number			Ar	pplied For
21 Suite, Apt.	# ato	26 Suito	Apt. #, etc.				59-28905	96			ot Applicable
22	. 4, 600	27	чри и, віс.			5. C	ertificate of	Status Desired			Additional equired
City & Star	to	City &	State			6. F	lection Can	npaign Financing			May Be
23		28					rust Fund C				to Fees
Zφ	Country	Zφ		Country		8. T	his corpora	tion has liability for	intangible	tax under s	. 199.032.
24	25	29	3(0			lorida Statu	_	=] No	
	9. Name and Address of Curre	ent Registered A	gent	- 64		10. N	ame and A	ddress of New Re	gistered /	Agent	
	DUNN, THOMAS			81	Name						
	05 4TH STREET E			82	Street A	Address (P.O	. Box Numl	per is Not Acceptal	bie)		
IHE	ASURE ISLAND FL 33706			83							
				63							
				84	City					85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508	Florida Statutae	the above	namad	corporation n	ubroito thio	statement for the	FL	abanaina i	
or equite	registered agont or both in the Stat	e of Florida, Such	i change was aut	norized by	the corr	poration's boa	ard of direct	tors. I hereby acce	purpose or pt the app	cnanging ii ointment as	is registered registered
agent. La	am familiar with, and accopt the oblig	gations of Sectio	n 607.0505, Florid	ia Statutes	i.						·
SIGNATURE	Signature, typed or perhear are or registared as	tent and the standards	le (MOTE F	tonistarad Ana	ol signature	required when rein	nelarno)	·	DATE		
12.		ND DIRECTORS		13.	in arginatore			HANGES TO OFFI		DIRECTO	AS IN 12
THE	P		DELETE	1.1 TITLE						Change	Addition
NAME	VERDUNN, THOMAS			1.2 NAME	-						_
STREET ADDRESS	11005 4TH ST E			1.3 STREET	ADDRESS						
CITY-ST-7/P	TREASURE ISLAND FL			1.4 CITY-S	T-ZIP						
1-TLF	V		DELETE	2.1 TITLE		∇				Change	Addition
NAME	TIVNAN, SUZANNE - M	ARRIGO	NOW >	2.2 NAME		VERDU	INNI	SUZANN E	G '		
STREET ADDRESS	11005 41H SI E	-		2 3 STREFT	ADDRESS		κλ.Λ. 2	15			
CITY-ST-ZIF	TREASURE ISLAND FL			2 4 City-5	I - 7IP	•	איזין נ				
TITLE	S		DELETE	31 THE		•				Change	Addition
NAME	ANSPACH, WESLEY			3.2 NAME	Į						
STREET ADDRESS	820 64TH AVE WEST		:	3 3 STREET	ADDRESS						
CITY - S1 - ZIF	BRADENTON FL			3.4. CHY-S	1-7P		-				
TITLE	ANIODACII TIMOTIIV		DELETE	4.1 TITLE						Change	Addition
NAME	ANSPACH, TIMOTHY			4. 2 NAME	į						
STREET ADDRESS	820 64TH AVE WEST BRADENTON FL			4.3 STREET							
C(1Y+S1+Z)P	DIVIDENTUNT L		DELLTT	4.4 CHTY-S	T-7 P		~····			По	1 2 3 3 3 3 3
TITLE			DELETE	5.1 THILE						☐ Change	Addition
NAME				5.2 NAME	_						
STREET ADDRESS				5.3 STREET							
CITY-ST-ZIP TITLE			DELETE	5.4 CHY- \$	I - ZIP					Chamar	A addition
NAME			Emil DECETE	6.1 TITLE						Change	Addition
STREET ADDRESS			<u> </u>	6.2 NAME 6.3 STREET	ADDRESS						
GORGE MUNICIPALITY	1		,	■ U.S SIMEEL	White Participal I						l l

14. I do 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 of block 31 changed, or on an attachment with an address.

6 4 CITY-ST-ZIP

SIGNATURE: CACHES CHOLUNG - THOUAS VEROUNN 1-5-96-813-360-7615

PEU34 (9/96)

FILED

Jan 14 1997 8:00am

Secretary of State