2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM **DOCUMENT # P01000041004** Secretary of State STEEL MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 3325 ADDISON DR 3325 ADDISON DR PENSACOLA, FL 32514 PENSACOLA, FL 32514 No Cha-P CR2E034 (10/03) 01132004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3717420 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent MYSLAK, JOHN DO NOT WRITE 3325 ADDISON DR PENSACOLA, FL 32514 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME HY8LAK, JOHN 4547 LASSASSIER STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 U00000136915 04/29/04-80020-018 150.00 TITLE NAME DAVIS, BRAD STREET ADDRESS 3325 ADDISON DR. CITY-ST-ZIP PENSACOLA, FL 325147065 TITLE MAME STREET ADDRESS DO NOT WRITE COY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE NUM TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04

350-477-1557·

FILED

Devilore Phone