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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	1996		CORPORATI	ONS		
DOCUN 1. Corporation	MENT # P120)29 (5)				
PRATO	CO STEEL CORPORATIO	N			A INDIVIDUAL COLLEGED ALONG ORDINA	(SIA (A)) SIBIL SIBIL SIBIL BIBLI BIBLI BIBLI
Principal Place		Mailing Address			t sanisani (a) siata mali anim (
1404 18 AV PALMEPTO US	FL 3822 MC	1508 18 AVE DR. E Palmetto fl 34221 US				
	`	••			3. Date Incorporated or Qualified 11/05/1986	3a. Date of Last Report 01/20/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			11-1968736	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ _I ρ	Country 25	Zip 29	Country 30	/	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
	9. Name and Address of Curr		[30]		10. Name and Address of New I	_
			81	Name		
	.I, JACK 8 AVE. DRIVE E.		82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)
	TTO FL 34221		83			
			84	City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607 1508. Florida Statuti	es, the above-	named coroor	ration submits this statement for the pu	rmase of changing its registered office
or registere	ed agent, or both, in the State of Fi h, and accept the obligations of, Se	orida. Such change was authoriz	ed by the corp	poration's boar	rd of directors. I hereby accept the app	pointment as registered agent. I am
SIGNATURE						
12.	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicatio (NC AND DIRECTORS	TE: Registered Age	nt signature require		DATE FICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1. 1 TITLE	·	ADDITIONS/CHANGES TO GET	Change Addition
NAME	PANFILI, JACK		12 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE	PALMETTO FL 34 22	DELETE	14 CITY - 9 2 1 TITLE	ST-ZIP		Change Addition
NAME		L., P	22 NAME			
STREET ADDRESS			23 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 Cily - 5	ST-ZIP		
TITLE		DELETE	3 1 TITLE			Change Addition
NAME STREET ADDRESS			3.2 NAME	T ADDRESS		
CITY-ST-ZIP			3 4 CITY-5			
TITLE		☐ DELETE	4. 1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4.2 NAME			i
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-5 5. 1 TITLE	SI - ZIP	<u> </u>	Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREE	r address		
CITY-ST-ZIP			5 4 CiTY - 5	ST · ZIP		
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	I ADDRESS		
CITY-ST-ZIP			6.3 STREET			
14. I do hereby	y certify that the information supplied	d with this filing is voluntarily furn	ished and doe	s not qualify fe	or the exemption stated in Section 119 to and that my signature shall have the	0.07(3)(k), Florida Statutes. I further
oath; that I	am an officer or director of the cor	poration or the receiver or truste	empowered		ite and triat my signature snair have the s report as required by Chapter 607, F	
• •	Block 12 or Block 13 if changed, o	C C C C C C C C C C C C C C C C C C C	for Time	٠	$\sim \Lambda_{c}$	
SIGNAT	URE: SIGNATURE OF THE	ON PRINTED NAME OF SIGNING OFFICE	APA DIVECTA	<i>kp</i> —	4/13/3/9	Dayline Phone II