FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P20947 (8) MID-CONTINENT STEEL CORPORATION Principal Place of Business Mailing Address 436 N. PINE MEADOW DRIVE 436 N. PINE MEADOW DRIVE DEBARY FL 32713 DEBARY FL 32713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1988 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 41-0973735 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible 24 25 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FITZGERALD, R.T. 81 Name 436 N PINE MEADOW DRIVE Street Address (P.O. Box Number is Not Acceptable) DEBARY FL 32713 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature red when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE FITZGERALD, ROBERT R. NAME 1.2 NAME CR2E034 436 N PINE MEADOW DRIVE STREET ADDRESS 1.3 STREET ADDRESS DEBARY FL CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE Change Addition SĎ TITLE 2,1 TITLE FITZGERALD, DOROTHY 2,2 NAME NAME STREET ADDRESS 436 N PINE MEADOW DRIVE 2.3 STREET ADDRESS DEBARY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Change noitibhA TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I nereby 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. SIGNATURE: 13.4 Fill

6.4 CITY - ST - ZIP

6 1 TITLE

5.2 NAME 6.3 STREET ADDRESS Change

Addition

__ DELETE