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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27436

(5)

1. Corporation Name
UNITED STEEL STRUCTURES, INC.

Principal Place of Business
16,000 BARKERS POINT LANE
HOUSTON TX 77079

Mailing Address
16,000 BARKERS POINT LANE
HOUSTON TX 77079-4023



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1989	3a. Date of Last Report 03/22/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-1901014	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	CEO
NAME	MURPHREE, TERENCE	1.2 NAME	MURPHREE, TERENCE
STREET ADDRESS	16,000 BARKERS POINT LN	1.3 STREET ADDRESS	16000 BARKERS POINT LANE
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	HOUSTON, TX 77079
TITLE	S	2.1 TITLE	
NAME	BOCK, KAREN	2.2 NAME	
STREET ADDRESS	16,000 BARKERS POINT LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	PRESIDENT
NAME	SCHAFFRAN, WESLEY N.	3.2 NAME	SCHAFFRAN, WESLEY N.
STREET ADDRESS	16,000 BARKERS POINT LN	3.3 STREET ADDRESS	16000 BARKERS POINT LANE
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	HOUSTON, TEXAS 77079
TITLE	V	4.1 TITLE	
NAME	MILER, ROBERT M.	4.2 NAME	
STREET ADDRESS	16,000 BARKERS POINT LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wesley N. Schaffran PRES. WESLEY N. SCHAFFRAN

1-6-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)