

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34472 (1)
 1. Corporation Name
AMERICAN METAL FAB, INC. OF TEXAS



Principal Place of Business	Mailing Address
15114 BEACHAM DRIVE HOUSTON TX 77070	15114 BEACHAM DRIVE HOUSTON TX 77070

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	06/25/1991	06/13/1995
Suite, Apt # etc	Suite, Apt #, etc	4. FEI Number	Applied For
22	27	74-2190983	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing	Trust fund Contribution
24	25	<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25		
29	30		

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 **CHRISTOPHER B. KNOX**
 82 Street Address (P.O. Box number is Not acceptable)
300 S. PINE ISLAND RD., # 301
 83
 84 **PLANTATION** FL 85 **33324**

11. Pursuant to the provisions of Section 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 *Christopher B. Knox* **CHRISTOPHER B. KNOX** 7/15/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DE-ETE
NAME	GREENE, WILLIAM T.	
STREET ADDRESS	15114 BEACHAM DRIVE	
CITY-ST-ZIP	HOUSTON TX	
TITLE	S	<input type="checkbox"/> DE-ETE
NAME	BRINDLEY, SUE J.	
STREET ADDRESS	4422 ADONIS	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DE-ETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DE-ETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DE-ETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001898908
5.3 STREET ADDRESS	-07/19/96--01007--034
5.4 CITY-ST-ZIP	***225.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *William T. Greene* **William T. Greene** 6/21/96 7133765126

CR2E034 (3/96)