

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

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37304** (3)

1. Corporation Name
S & H FABRICATING OF CANADA, COMPANY

Principal Place of Business
**1320 NW 65TH PLACE
FORT LAUDERDALE FL 33309
US**

Mailing Address
**1320 NW 65TH PLACE
FORT LAUDERDALE FL 33309-1801
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1992	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 01-6494280		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

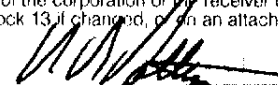
9. Name and Address of Current Registered Agent O'QUINN, MICHAEL A. 1320 NW 65TH PLACE FORT LAUDERDALE FL 33309				10. Name and Address of New Registered Agent			
				81 Name ROSE, SCOTT M.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1320 NW 65TH PLACE			
				83			
				84 City FORT LAUDERDALE			
				FL		85 Zip Code 33309	

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  **SCOTT M. ROSE, REGISTERED AGENT** 2/27/97
S.g. shall typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHINGS, RONALD J.			1.2 NAME			
STREET ADDRESS	1320 NW 65TH PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NIGHT, DAVID L.			2.2 NAME			
STREET ADDRESS	1320 NW 65TH PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, BARBARA M.			3.2 NAME			
STREET ADDRESS	1320 NW 65TH PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEECE, BRIAN			4.2 NAME			
STREET ADDRESS	1320 NW 65TH PLACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATTERSON, RICHARD B			5.2 NAME			
STREET ADDRESS	1320 NE 65TH PLACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'QUINN, MICHAEL A V			6.2 NAME			
STREET ADDRESS	1320 NW 65TH PLACE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			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:  **Richard B. Patterson, Vice President** 2/27/97 954-917-0207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)