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

**CORPORATION** ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name P92000007451 (7)

SOUTHEAST STEEL & ALUMINUM, INC.

					<b>1</b> 111   11111   11111   1111   1111   11111   1111   1111   1111   1111
Principal Plac	e of Business	Mailing Address		1 IOONOON IIO IONOO NOON OONIN OONIN BONIN OEIKI	BORN HOUSE BLOOK SINDS AND FACE
C/O JOHN L. SCHNORR C/O		C/O JOHN L. SCHNOOR			
1471 NEPTUNE DRIVE BOYNTON BEACH FL 33426		1471 NEPTUNE DRIVE		DO NOT WRITE IN TH	HE CDACE
US	ENUM FL 33920	BOYNTON BEACH FL 3342 US	76	3. Date Incorporated or Qualified	IIS SPACE
"		00		11/23/1992	
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3154375	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	-	27		g. Commodito di citatto Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip Zip	Country	Trust Fund Contribution	Added to Fees
24	25	<u></u>	10	This corporation owes or has paid the Personal Property Tax due June 30.	Current year Intangible  Yes No
<u></u>	g, Name and Address of Curre			10. Name and Address of New Register	
SCHNORR JR., SCHNORR			81 Name		
1471 NEPTUNE DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	<del> </del>
BOYNTON BEACH FL 33428					•
			83		
i			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					
12.	Signature, typed or printed name of registered a	gent and little if applicable (NOTE: I ND DIRECTORS	Registered Agent signature require		
TITLE	D	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	SCHNORR, JOHN L		1.2 NAME		ET strangs ET Montroll
STREET ADDRESS	P.O. BOX 698 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		1.4 CITY-ST-ZIP		
TITLE	Ō	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHNORR, J P		2.2 NAME		_ , _
STREET ADDRESS	P.O. BOX 698 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		ļ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 in 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 and the corporation or the receiver or trustee and the corporation of the co

nlarlas

**FILED** 

Mar 03 1998 8:00am

Secretary of State