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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300007804 (6)

SPECIAL STEEL INC.

FILED
May 07 1997 8:00am
Secretary of State
#

Principal Plac 50 WEST MAS STE. 1 KEY BISCAYNE	HTA DRIVE	50 WEST MA Ste. 1	Mailing Address 50 WEST MASHTA DRIVE STE. 1 KEY BISCAYNE FL 33149-2431			3. Date Incorporated or Qualified 3a. Date of Last Report			
						02/01/1993	09/09	/1996	Сроп
2. Principal P	lace of Business	2a, Mailing A	ddress			4. FEI Number 65-0384941	<u>. l</u>	·	oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Ap	t #, etc.			5. Certificate of Status Desired		\$8.75	Additional aguired
City & State	e	City & Sta	ate			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added	to Fees
_	Zip Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9, Name and Address of Cur	29		30			Yes 🗆		
CUA		rent neglistered Age	· · · · · · · · · · · · · · · · · · ·	81	Name	10. Name and Address of New Re	Algrated VA	ent.	
CHAINANI, SURESH 50 WEST MASHTA DRIVE STE. 1				82		ess (P.O. Box Number is Not Acceptable)			
KEY	BISCAYNE FL 33149			83					
				84	City		FL	85 Zip (Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St in familiar with, and accept the ob-	ate of Florida. Such o oligations of, Section (hange was au 307.0505, Flori	ithorized by ida Statute:	the corpora 3.	poration submits this statement for the lation's board of directors. I hereby accounted when revisiting;	ourpose of chept the appoint	anging d	s registered registered
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	IS IN 12
TITLE	D		DETETE	1 1 1ITCE				Change	Addition
NAME	CHAINANI, SHEILA			1.2 NAME					
STREET ADDRESS	50 WEST MASHTA DR., STI	E. 1		1.3 STREET	ADDRESS				
CITY-ST-ZIP	KEY BISCAYNE FL 33149	·	Testers	1.4 C/TY - S	T - ZiP				
TITLE		<u>L</u>	DELETE	2.1 TITLE				Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 \$1REE1					
CITY-ST-ZIP		·	DELETE	2. 4 CITY-	31 - 7IP			Observe	Aggera
TITLE		L _] DELETE	3.1 TALE			<u></u>) Change	Addition
NAME ATREET MODDSOO				3.2 NAME					
STREET ADDRESS				3.3 STREET					
CITY-ST-ZIP TITLE		····	DELETE	3.4. CITY- :	SI - ZIP			Change	Addition
		L.	ם מנונונ	4.1 TITLE				j onalige	Addition
NAME CTREET ADORESC				4. 2 NAME	ADDRESS				
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP TITLE			DELFTÉ	4.4 CITY - S 5.1 TITLE	1 - ZIP			Chanc	
NAME		L _	PETTE				L	Johali	
				5.2 NAME	A DIVINI CO				
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP			DELETE	5.4 CITY - S	I - ZIP	· · · · · · · · · · · · · · · · · · ·		l Ch	
TITLE			1 pricit	6.1 TITLE			Ļ_	j GP	
NAME PAREST ARROSSOS				6 ? NAMI					
STREET ADDRESS				6.3 STREET	ADDRESS				

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 certification 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 mall 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 the appears in Block 12 or Block 13 if changed, or on an attachment with an address.