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 # P93000041963 (8)

JLM STEEL FABRICATORS, INC.

Principal Place of Business Mailing Address 5900 JOHNSON STREET 5900 JOHNSON STREET HOLLYWOOD FL 33021-5638 HOLLYWOOD FL 33021-5638 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1993 03/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0490241 Not Applicable 26 Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes Yes X No Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAZZA. JOSEPH **5900 JOHNSON STREET** Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 R3 84 City Zip Code 85 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 Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) PSD DELETE Change Addition TITLE 11 TITLE MAZZA, JOSEPH NAME 1.2 NAME CR2E034 **5900 JOHNSON STREET** 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 1.4 CITY - ST - ZIP CITY-ST-ZIE Change DELETE Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - \$1 - 71P DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 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 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 of larged or on an attachment with an address.

3.4. CITY - \$1 - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE 62 NAME

SIGNATURE:

CITY - ST- ZIP

STREET ADDRESS

CITY - ST - ZIP

CHTY-ST-ZIP

THILF

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

ATURE AND TYPEOTOR PRINTED NAME OF SCHING OFFICER OF MRECTOR

DELETE

DELETE

DELETE

215/97

(54) 963-755

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 11 1997 8:00am

Secretary of State