

SECOND NOTICE: CORP  
AMOUNT DUE ON OR BEFORE

PROFIT  
CORPORATION  
ANNUAL REPORT

1996

DOCUMENT

1. Corporation Name

STEEL BUILDING

Principal Place of Business

1861 SW WINDCROSS RUN  
PALM CITY FL 34990

RECEIVED ON OR AFTER AUGUST 7, 1996.  
STATE OF FLORIDA  
Department of Business and Professional Regulation

AC# 3736008

CR -0040916 12/19/1995 95013874

CERTIFIED RESIDENTIAL CONTRACTOR  
MART, DAVID PAUL  
STEEL BUILDING SYSTEMS INC

IS CERTIFIED

under the provisions of Ch. 489, FS.

Expiration Date: AUG 31, 1996

PALM CITY FL 34990

FILED

Jul 08 1996 8:00 am

Secretary of State



|                                |  |                     |  |  |  |   |  |
|--------------------------------|--|---------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                        |  | 3a. Date of Last Report   |  |
| 21 SAME                        |  | 26 SAME             |  | 08/06/1993   |  | 05/22/1995  |  |
| Suite, Apt. #, etc             |  | Suite, Apt. #, etc  |  | 4. FEI Number  |  | Applied For   |  |
| 22                             |  | 27                  |  | APPLIED FOR 65-0593211                                   |  | Not Applicable  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired                         |  | 8.75 Additional Fee Required  |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing                           |  | 5.00 May Be Added to Fees   |  |
| Zip                            |  | Zip                 |  | Trust Fund Contribution                                  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  |
| 24                             |  | 29                  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |  |

9. Name and Address of Current Registered Agent

MART, DAVID  
1861 SW WINDCROSS RUN  
PALM CITY FL 34990

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| FL | 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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|------------------------|---|-------------------------|
| TITLE                      | D                      | 11 TITLE  | SEC.                    |
| NAME                       | MART, DAVID            | 12 NAME   | GILBERT MART            |
| STREET ADDRESS             | 1861 SW WINDCROSS RUN  | 13 STREET ADDRESS                                     | 8400 GALLBERRY CIR.     |
| CITY-ST-ZIP                | PALM CITY FL 34990     | 14 CITY-ST-ZIP  | PT. ST. LUCIE FL. 34952 |
| TITLE                      | VP                     | 21 TITLE  |                         |
| NAME                       | HAMILTON, KERN         | 22 NAME   |                         |
| STREET ADDRESS             | 2176 SE GASLIGHT ST.   | 23 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                | PT. ST. LUCIE FL 34952 | 24 CITY-ST-ZIP  |                         |
| TITLE                      | D                      | 31 TITLE  |                         |
| NAME                       | WILKIE, JOHN           | 32 NAME   |                         |
| STREET ADDRESS             | 745 GALILEAN ST.       | 33 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                | PT. ST. LUCIE FL 34983 | 34 CITY-ST-ZIP  |                         |
| TITLE                      |                        | 41 TITLE  |                         |
| NAME                       |                        | 42 NAME   |                         |
| STREET ADDRESS             |                        | 43 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                |                        | 44 CITY-ST-ZIP  |                         |
| TITLE                      |                        | 51 TITLE  |                         |
| NAME                       |                        | 52 NAME   |                         |
| STREET ADDRESS             |                        | 53 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                |                        | 54 CITY-ST-ZIP  |                         |
| TITLE                      |                        | 61 TITLE  |                         |
| NAME                       |                        | 62 NAME   |                         |
| STREET ADDRESS             |                        | 63 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                |                        | 64 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(3)(k), 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 the 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.

DAVID MART-6/28/96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 226-4668

CR2E034 (3/96)