

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P93000056617 (2)**

**1. Corporation Name  
CORESLAB STRUCTURES (TAMPA) INC.**

**Principal Place of Business  
6301 N. 56TH ST.  
TAMPA FL 33610  
OC**

**Mailing Address  
1121 HERITAGE RD.  
BURLINGTON ONTARIO  
CANADA L7L 4Y1**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/12/1993</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-3199150</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 22 23	26 27 28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
24	25
Country	Zip
29	30

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>FRANCIOSA, LUIGI</b>
STREET ADDRESS	<b>11211 HERITAGE ROAD</b>
CITY - ST - ZIP	<b>BURLINGTON ONTARIO CANADA</b>
TITLE	<b>D</b>
NAME	<b>FRANCIOSA, MARIO</b>
STREET ADDRESS	<b>11211 HERITAGE ROAD</b>
CITY - ST - ZIP	<b>BURLINGTON ONTARIO CANADA</b>
TITLE	<b>D</b>
NAME	<b>FRANCIOSA, DOMINIC</b>
STREET ADDRESS	<b>11211 HERITAGE ROAD</b>
CITY - ST - ZIP	<b>BURLINGTON ONTARIO CANADA</b>
TITLE	<b>D</b>
NAME	<b>SPIEGEL, SIDNEY</b>
STREET ADDRESS	<b>343 WILSON AVENUE STE. 200</b>
CITY - ST - ZIP	<b>DOWNSVIEW, ONTARIO CANADA</b>
TITLE	<b>D</b>
NAME	<b>SPIEGEL, ROBERT</b>
STREET ADDRESS	<b>343 WILSON AVENUE STE. 200</b>
CITY - ST - ZIP	<b>DOWNSVIEW, ONTARIO CANADA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Title #