

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000056617 (2)**  
 1. Corporation Name  
**CORESLAB STRUCTURES (TAMPA) INC.**



Principal Place of Business <b>8301 N. 56TH ST.                  TAMPA FL 33610                  OC</b>	Mailing Address <b>1121 HERITAGE RD.                  BURLINGTON ONTARIO                  CANADA L7L 4Y1</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>08/12/1993</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 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

10. Name and Address of New Registered Agent	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FRANCIOSA, LUIGI</b>
STREET ADDRESS	<b>11211 HERITAGE ROAD</b>
CITY-ST-ZIP	<b>BURLINGTON ONTARIO CANADA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FRANCIOSA, MARIO</b>
STREET ADDRESS	<b>11211 HERITAGE ROAD</b>
CITY-ST-ZIP	<b>BURLINGTON ONTARIO CANADA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FRANCIOSA, DOMINIC</b>
STREET ADDRESS	<b>11211 HERITAGE ROAD</b>
CITY-ST-ZIP	<b>BURLINGTON ONTARIO CANADA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
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> <input type="checkbox"/> DELETE
NAME	<b>SPIEGEL, ROBERT</b>
STREET ADDRESS	<b>343 WILSON AVENUE STE. 200</b>
CITY-ST-ZIP	<b>DOWNSVIEW, ONTARIO CANADA</b>
TITLE	<input type="checkbox"/> DELETE
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 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 changed, or on an attachment with an address.

SIGNATURE *[Signature]* **L. FRANCIOSA** **09/30/98** **905-693-0220**

CR2E034 (10/97)