

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000056621 (4)

1. Corporation Name
CORESLAB STRUCTURES (ORLANDO) INC.



Principal Place of Business: **11041 ROCKET BLVD. ORLANDO FL 32824**
Mailing Address: **11041 ROCKET BLVD. ORLANDO FL 32824**

3. Date Incorporated or Qualified: **08/12/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3199149**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCIOSA, LUIGI	
STREET ADDRESS	1121 HERITAGE ROAD	
CITY-ST-ZIP	BURLINGTON ONTARIO CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCIOSA, MARIO	
STREET ADDRESS	1121 HERITAGE ROAD	
CITY-ST-ZIP	BURLINGTON ONTARIO CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCIOSA, DOMINIC	
STREET ADDRESS	1121 HERITAGE ROAD	
CITY-ST-ZIP	BURLINGTON ONTARIO CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPIEGEL, SIDNEY	
STREET ADDRESS	262 WILSON AVENUE	
CITY-ST-ZIP	DOWNSVIEW-ONTARIO-CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPIEGEL, ROBERT	
STREET ADDRESS	262 WILSON AVENUE	
CITY-ST-ZIP	DOWNSVIEW-ONTARIO-CANADA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARRISON, MICHAEL	
STREET ADDRESS	11041 ROCKET BLVD.	
CITY-ST-ZIP	KORLANDO FL 32824	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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: *Michael Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96
Date

Daytime Phone #

CR2E034 (12/95)