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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000067862 (1)

FILED	
Apr 21 1997 8:00am	l
Secretary of State	

EAGLE STEEL, INC. Principal Place of Business Mailing Address 507A HERBERT ST PORT ORANGE FL 32119 PORT ORANGE FL 32119								
US		US			3. Date Incorporated or Qualified	3a. Date		eport
2. Principal	Place of Rusiness	2a. Mailing Address			09/29/1993 4. FEI Number	06/13		oplied For
21		26			59-3203340			ot Applicable
Suite, Apt	l #, €l€.	Suite, Apt #, etc.		**************************************	5. Certificate of Status Desired		\$8.75	Additional adulted
City & Sta	ile	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	ntangible tax	under s	199.032,
24	25 25 Normand Address of Current	29	30			Yes 🔲		
	9. Name and Address of Curren	it negistered Agent	8	1 Name	10. Name and Address of New Re	gistered Age	- Ine	
	.INGS, INC. 32 NW 16TH STREET							·
	RT LAUDERDALE FL 33311		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
10	THE ENOUGHDALE TE SOUTH		8	3				
			8	4 City			7 7 m	Codo
			1	1 7	rporation submits this statement for the pation's board of directors. I hereby accept			Code
SIGNATURI.	Shy stare, typed or perteodrame of registered ago OFFICERS AN	ON) eldabüşça li silir bra tro			uited when reinstating) ADDITIONS/CHANGES TO OFFIC	DATÉ		
Title	D	DELETE	1.1 11116		1000 1000 1000 1000 1000 1000 1000 100		Change	Addition
NAM?	GALBRAITH, ROBERT J		1.2 NAMI	<u> </u>				
STREET ADDRESS	1		1.3 STRE	ET ADDRESS				
COV-ST-ZIP	PORT ORANGE FL		1.4 CITY	-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition
NAME	MATHERS, DONALD E		2.2 NAMI					
STREET ACIDNESS	,		- 1	ET ADDRESS	. •	.e. i		
CITY - ST - ZIP	PORT ORANGE FL	DELETE	2. 4 CITY				Change	Addition
THLE NAME	SHAW, ALLEN R	T DEFEIR	3.1 TITLE 3.2 NAM	- 1		L.	i change	Addition
NAME STREET ADDRESS			1	E! ADORESS				
CITY - \$1 - Zif	PORT ORANGE FL		3.4. CITY					
FILE	. July Clay, Guille	DELETE	41 TITLE				Change	Addition
NAME			4.2 NAM	ſ		_	- · · · •	
SPREET ADDRESS	; }			ET ADDRESS				
CCLY - ST - Z#F			4.4 CITY					
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME	1		5.2 NAMI	Ε				
STREET ADDRESS	, (5.3 STRE	ET ADDRESS				
CHY-ST-ZIP	1		5.4 DITY	-ST-ZIP				
111(1		DELETE	61 TITLE				Change	Addition
NAME	1		6.2 NAMI	E				
STREEL ADORESS	5		6.3 STRE	ET ADDRESS				

SIGNATURE:

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 changed, or on an attachment with an address.