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 # P93000081159 (4)

ARMADILLO STEEL CORPORATION

		•							
Principa Place of Business Mailing Address						- I HADINDAN IND HANDE EPHAN OCHNIN ADDIN	HAIKI BEKBI	HOLDI IZOBI MAD	
3606 W. SWANN AVENUE TAMPA FL 33609		3606 W. SWANN AVENUE TAMPA FL 33609							
						3. Date Incorporated or Qualified 11/16/1993		ate of Last Re 04/24/199	
2. Principal Pla	ice of Business	2a. Mailing Address .			4. FEt Number 59-3214210		}—	Applied For Not Applicable	
21] Suite, Apt #, etc.		Suite, Apt. #, etc.			***************************************			 	Additional
22		27	V1.17 #17.84 M. T.			5. Certificate of Status Desired	X	Fee	Required
িty & State		City & State				Election Campaign Financing Trust Fund Contribution		7	May Be
23 Zip	Country	Zip	Countr	у		8. This corporation has liability for	intangible		d to Fees 199.032,
24	25	29	30				□No		,
	Name and Address of Curren	t Registered Agent		. T		10. Name and Address of New F	egistere	d Agent	
			8	۱	Name				
	LI, JUAN B		8:	2	Street Addre	t Address (P.O. Box Number is Not Acceptable			
TAMPA F	SWANN AVENUE		8:	3					
IAMIAI	£ 00003		84		<u> </u>			[ne] 7:	p Code
			0	•	City		F	L 85 Zi	p code
or registere	o the provisions of Sections 607.0502 ed agent, or bolh, in the State of Floric h, and accept the obligations of, Secti	ia. Such change was authoria	red by the cor	na por	amed corpora ration's board	tion submits this statement for the pur d of directors. I hereby accept the app	rpose of a ointment	changing its r as registered	registered office Lagent. Lam
SIGNATURE									
12.	Signatural typical or printed name of registered agost. OFFICERS AND		OTE: Registered Ag	ent s	synature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICEBS A	ND DIBECTO	ORS IN 12
11°LF	DPT			1. 1 TITLE		ADDITIONAL OF THE CALL	IOL IO I	☐ Change	Addition
NAME	TONDELLI, JUAN B		1.2 NAME						
STREET ADDRESS	3606 W. SWANN AVENUE		1.3 STRE	ET A	ADDRESS				
CITY S1-ZIP	The state of the s			1.4 CITY - ST - ZIP				Channa	Addition
TITUE NAME	BROADWAY, ELIZABETH A		2. 1 TITLE 2.2 NAME					☐ Change	Addition
STREET ADDRESS	3606 W SWANN AVE			2.3 STREET ADDRESS					
CHY-SI-ZIP	TAMPA FL		2 4 CITY	- S T -	- ZIP		•		
TULE	\$ □ DELETE		3 1 1111	1				☐ Change	Addition
NAML	TONDELLI, JUAN B		3 2 NAM						
STREET ADDRESS	3606 W SWANN AVE TAMPA FL				ADDRESS				
CHY-SI-ZIP THUE	17 14 17 1 L	DELFTE.	3.4 CITY -		· £1f			Change	Addition
NAME			4.2 NAM						
STREET ADORESS			4.3 STRE	FT A	ADDRESS				
Cily-S1-ZiP		DELETE	4.4 CITY		· ZIP			Change	Addition
T.TLE NAME		☐ percic	5 1 THTLI 52 NAM					☐ cuange	TT VOUITION
STREET ADDRESS					ADDRESS				
CHY ST Zin			5.4 CITY						
T.ICE		☐ DELETE	6 1 TITL	E				Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			1		ADDRESS				
CITY S! ZIT			64 CITY	- \$1	-ZIP	athe avanation stated in Cartier 440	07(0)(1)	Florido Ctatu	A

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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 8/3-875-2925 Dale Dayring Phone P