


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000051625 (9)
1. Corporation Name
CUSTOM METAL INSTALLATIONS OF CENTRAL FLORIDA, I
NC.



Principal Place of Business
500 N.W. 16TH AVE
STE 4
GAINESVILLE FL 32601
US

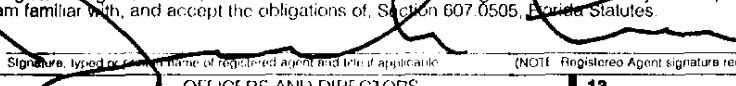
Mailing Address
PO BOX 1741
HAWTHORNE FL 32640

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2010 EAST Highway 20 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1741 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/08/1994	
22 City & State 23 Hawthorne FL		27 City & State 28 Hawthorne, FL		4. FEI Number 59-3254864 Applied For Not Applicable	
24 32640 25		29 32640 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEE, JOSEPH A 854 SR 20A JOHNSON FL		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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  Joseph A. Lee 4/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD LEE, JEANIE W 854 SR 20A JOHNSON FL	1.1 TITLE	Change Addition
NAME	LEE, JEANIE W	1.2 NAME	
STREET ADDRESS	854 SR 20A	1.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSON FL	1.4 CITY-ST-ZIP	
TITLE	PD LEE, JOSEPH A 854 SR 20A JOHNSON FL	2.1 TITLE	Change Addition
NAME	LEE, JOSEPH A	2.2 NAME	
STREET ADDRESS	854 SR 20A	2.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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  Jeanie W. Lee  Joseph A. Lee 4/23/98

CR2E034 (10/97)