

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000073594 (1)**

1. Corporation Name
STELCO PRODUCTS, INC.



Principal Place of Business

9326 KEYTAY CIRCLE
BOCA RATON FL 33428

Mailing Address

9326 KEYTAY CIRCLE
BOCA RATON FL 33428

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

FINK, ELLIOTT
9326 KEYTAY CIRCLE
BOCA RATON FL 33428

3. Date incorporated For Qualified	3a. Date of Last Report
10/03/1994	05/01/1995
4. FEIN Number	Applied For Not Applicable
65-0522733	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing or Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0102 and 607.1100, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0102, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
VP	P Fink, ELLIOTT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	9986-A BOCA GARDENS TRAIL		
CITY, ST, ZIP	BOCA RATON FL		
TITLE	NAME	TITLE	NAME
VP	STERNECK, STEVEN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	9326 KETAY CIRCLE		
CITY, ST, ZIP	BOCA RATON FL		
TITLE	NAME	TITLE	NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	NAME	TITLE	NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY, ST, ZIP			
TITLE	NAME	TITLE	NAME
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
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 status 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; that the recorder or transfer agent provided to us is not to register as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 407-977-0535
Date Printed

CR2E034 (12/95)