

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Merriam
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**

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

9. Name and Address of Current Registered Agent

**FINK, ELLIOTT
9326 KEYTAY CIRCLE
BOCA RATON FL 33428**

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

FL

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	P Fink,	1. TITLE	<input type="checkbox"/> DELETE
NAME	ELLIOTT	2. NAME	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
STREET ADDRESS	9986-A BOCA GARDENS TRAIL	3. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	4. CITY, ST, ZIP	
TITLE	VP	5. TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME	STERNECK, STEVEN	6. NAME	
STREET ADDRESS	9326 KETAY CIRCLE	7. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

FINK, ELLIOTT

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 or the recorder or transfer agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

407-977-0535

CR2E034 (12/95)