

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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000073594 (1)**  
 1. Corporation Name  
**STELCO PRODUCTS, INC.**



Principal Place of Business <b>9326 KEYTAY CIRCLE                  BOCA RATON FL 33428</b>	Mailing Address <b>9326 KEYTAY CIRCLE                  BOCA RATON FL 33428</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>10892 CRESCENDO CIR</b>	26 <b>10892 CRESCENDO CIR</b>			10/03/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0522733	
22	27	5. Certificate of Status Desired		Applied For	
City & State	City & State	<input type="checkbox"/>		Not Applicable	
23 <b>BOCA RATON FL</b>	28 <b>BOCA RATON FL</b>	8.75 Additional Fee Required		8. Election Campaign Financing	
Zip	Country	Trust Fund Contribution		<input type="checkbox"/>	
24 <b>33498</b>	25 <b>USA</b>	5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible	
29 <b>33498</b>	30 <b>USA</b>	Personal Property Tax due June 30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FINK, ELLIOTT                  9326 KEYTAY CIRCLE                  BOCA RATON FL 33428</b>				81 Name <b>ELLIOTT FINK</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>10892 CRESCENDO CIR</b>			
				83			
				84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33498</b>			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: *Steven Sterneck* UP **STEVEN STERNECK**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>FINK, ELLIOTT</b>		1.2 NAME	<b>10892 CRESCENDO CIR</b>			
STREET ADDRESS	<b>9988-A BOCA GARDENS TRAIL</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>BOCA RATON FL</b>		1.4 CITY-ST-ZIP				
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>STERNECK, STEVEN</b>		2.2 NAME	<b>21791 PHILMONT CT</b>			
STREET ADDRESS	<b>9326 KEYTAY CIRCLE</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven Sterneck* UP **STEVEN STERNECK** Date: **4-14-98** Daytime Phone # **800 621 1569**

CR2E034 (10/97)