

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

FILED
Apr 21 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 # 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/03/1994		4. FEI Number 65-0522733		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 10892 CRESCENDO CIR Suite, Apt. #, etc.	2a. Mailing Address 26 10892 CRESCENDO CIR Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
22 City & State 23 BOCA RATON FL	27 City & State 28 BOCA RATON FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
24 Zip 33498	25 Country USA	29 Zip 33498	30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent FINK, ELLIOTT 9326 KEYTAY CIRCLE BOCA RATON FL 33428		10. Name and Address of New Registered Agent		
		81 Name ELLIOTT FINK		
		82 Street Address (P.O. Box Number is Not Acceptable) 10892 CRESCENDO CIR		
		83		
		84 City BOCA RATON	85 State FL	86 Zip Code 33498

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 VP **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 P	<input type="checkbox"/> DELETE	1.1 TITLE 10892 CRESCENDO CIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINK, ELLIOTT		1.2 NAME	
STREET ADDRESS 9988-A BOCA GARDENS TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE 21791 PHILMONT CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERNECK, STEVEN		2.2 NAME	
STREET ADDRESS 9326 KEYTAY CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		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 **VP** **4-14-98** **800 621 1569**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0323873

CR2E034 (10/97)