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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000002699 1. Corporation Name

TROPICAL REBAR, INC.

	in the state of th						
Principal Place	e of Business	Mailing Address		i i fait and i aim aim and and and	BILL BBILD (1818 BEILD II	0(10 10H 100H	
9035 S ORCHARD RD 9035 S ORCHARD RD			i				
SUITE 2303 SUITE 2303 DAVIE FL 33328 DAVIOE FL 33328			DO NOT WRITE IN THIS SPACE				
US US				3. Date Incorporated or Qualifed			
		_		01/09/1995			
Principal Place of Business 2a. Mailing Address			11	4. FEI Number		lied For	
21 1800 Souser HARBOUR 26 1800 SOUSET Suite Apt # etc. Suite Apt. # etc.			HARBOUR	65-0549412		Applicable	
- 11-2				5. Certifcate of Status Desired	\$8.75 Ad Fee Red		
22 # State	e 1	City & State		6. Election Campaign Financing	\$5.00 N	May Be	
23 MIAN	11 BEACH FL	28 MIAMI BEA	CH FL	Trust Fund Contribution	Added to	-	
Zip	Country	Zip	Country	8. This corporation owes the current year			
24	33/39 25 USA	29 33/39 30	USA	Personal Property Tax.		□No	
1	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Register	reu Agent		
SCH	UERGER, ROBERT J			-			
9085_S_ORACHRD>RD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	. TOP #1	403	
-DAVIE FL 33328			83	001000			
			84 City A .		85 Zip C	ode	
			1 100		-L 33	139	
11. Pursuant office or r agent. I a	registered agent, or both, in the State of im familiar with, and except the obligation	Florida, Such change was auth ons of, Section 607.0505, Florida	the above-named corporation of the corporation of t	poration submits this statement for the purposion's board of directors. I hereby accept the appropriate the purposition of the	ppointment as reg	istered	_
12.	Signature, that of printed name of registred agent and title if applicable. (NOTE: Report of the control of the		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	86/
TITLE	P	☐ DELETE	1.1 TITLE		Change	Addition	CR2E034 (11/98)
NAME	SCHIERGER BORERT I		1.2 NAME				8
STREET ADDRESS	9935 S ORACHRO RD 1800	SUNSET HAD	1.3 STREET ADDRESS				ZEC
CITY+ST-ZIP	DAVIEFL + (40	3 MIAMI DU	1.4 CITY-\$T-ZIP		[Change	Addition	5
TYTLE	:	33139 DELETE	2.1 TITLE		Change	[] Addition	Ī
NAME			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS		'	3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME			:	
STREET ADDRESS			4.3 STREET ADORESS			. ;	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition	
TITLE NAME			5.2 NAME			— ,	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	_			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition	
NAME	1		6.2 NAME				

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 affectment with an angular section.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90091 047 ***150.00