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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000004717 (1)

IRVIN STEEL, INC.

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address		I HODINGOD NA 1866 BININ OBNIL OBNIL OBNIN BRILL BOUN BION 1860 HOW 1861 1861	
9002A ADAMO DRIVE		9002A ADAMO DRIVE				
TAMPA FL 33619		TAMPA FL 33619	TAMPA FL 33619		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	1.4.1.1.0.01.1.0.2
					01/19/1995	
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For
21		26			59-3288740	Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		Criss P. Criss			-	Fee Required
23 City & State	U	City & State			6, Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b> Zp	Co	untry	Trust Fund Contribution	Added to Fees
24	25	29	30		<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>	` `
	9. Name and Address of Cu		1001	1	10. Name and Address of New Reg	
CAS	STELLANO, NELSON T			81 Name		
101 E KENNEDY BLVD				82 Street Addr	ress (P.O. Box Number is Not Acceptable	21
	TE 2700					,
	MPA FL 33602			83		
				84 City	***************************************	85 Zip Code
11. Pursuant t	to the provisions of Sections 607	2.0502 and 607.1508, Florida State of Florida, Such change we	tutes, the a	bove-named corp	poration submits this statement for the pu	rpose of changing its registered
agent I ar	m familiar with, and accept the c	obligations of, Section 607.0505,	Florida Sta	itutes.	ion's board of directors. I hereby accept	the appointment as registered
SIGNATURE	<del></del>	· · · · · · · · · · · · · · · · · · ·				•
12.	Signature typed or printed name of registers OF LICERS	ed agent and little if applicable (F SIAND DIRECTORS		ed Agent signature require		DATE
TITLE	PD	DELETE	<b>13.</b>	пте	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	IRVIN, GRADY J		1.2 N	!		
STREET ADDRESS	9002A ADAMO DRIVE			TREET ADDRESS		la l
CITY-ST-ZIP	TAMPA FL 33619			ITY-ST-ZIP		
TITLE	ST	☐ DELETE	217			Change Addition
NAME	IRVIN, DELIA P		2.2 N	AME		_ , _
STREET ADDRESS	9002A ADAMO DRIVE		2.3 \$	TREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		2.40	CITY-ST-ZIP		1
TITLE		☐ DELETE	31T	ITLE		Change Addition
NAME			32 N	IAME		
STREET ADDRESS			33S	TREET ADDRESS		
CITY-ST-ZIP	<del>* *</del>		34.0	CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 Ti	ITLE		Change Addition
NAME			4.21	NAME		
STREET ADDRESS			4.3 S	TREET ADDRESS		
CITY-ST-ZIP			4.4 C	TY-ST-ZIP		
TITLE		DELETE	5 1 T	TLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET ADDRESS		
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP		
TITLE		☐ DELETE	6.1 Ti	TLE		☐ Change ☐ Addition
NAME			6.2 N.			
STREET ADDRESS			6.3 S	TREET ADDRESS		
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP		