

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90206 046 ***150.00

DOCUMENT # P95000035527

1. Corporation Name

FLORIDA POLYSTEEL, INC.

Principal Place of Business

7891 ST ANDREWS CIR
ORLANDO FL 32835-8170
US

Mailing Address

7891 ST ANDREWS CIR
ORLANDO FL 32835-8170
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1995

4. FEI Number

65-0587690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2809 Tropic Court

Suite, Apt. #, etc.

22

City & State

23 Winter Garden, FL

Zip

24 34787

Country

25 US

2a. Mailing Address

26 2809 Tropic Court

Suite, Apt. #, etc.

27

City & State

28 Winter Garden, FL

Zip

29 34787

Country

30 US

9. Name and Address of Current Registered Agent

RUBENSTEIN, MICHAEL R
8270 COLLEGE PARKWAY, SUITE 201
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME SEATS, DOREEN C
STREET ADDRESS 7891 ST ANDREWS CIR
CITY-ST-ZIP ORLANDO FL 32835

TITLE VS ☐ DELETE

NAME SEATS, JOHN H
STREET ADDRESS 7891 ST ANDREWS CIR
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2809 Tropic Court
1.4 CITY-ST-ZIP Winter Garden, FL 34787

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2809 Tropic Court
2.4 CITY-ST-ZIP Winter Garden, FL 34787

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Doreen C. Seats
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

(407) 656-9494

Daytime Phone #

CR2E034 (1/98)

0507847