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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000036615 (9)

PROFESSIONAL STEEL ERECTORS, INC.

Principal Place of Business Mailing Address						, 1-21/086 (10 10/0) Olth Obit Said Said Said Sile Sile Sile (4)() 201			
4214 BARCELONA ST 4214 BARCELONA ST TAMPA FL 33629 6613									
						 Date incorporated or Qualified 05/05/1995 		ate of Last R 15/1996	eport
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		Ar	oplied For
21		26				59-3314649			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				6. Certificate of Status Desired		\$8.75 /	Additional equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	
Žip	Country	Zıp	Countr	У	•	8. This corporation has liability for i	ntangible		
24	25		30				Yes [<u> </u>	
	9. Name and Address of Curr	ent Registered Agent		_		10, Name and Address of New Re	gistered	Agent	
	HER, WILLIAM J		61	•	Name			1	
	BARCELONA ST		82	2	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
TAM	PA FL 33629		83	╀	·				
			•	1					
			84	4	City		E۱	. 85 Zip (Code
11 Pursuant	to the provisions of Sections 607 (1502 and 607 1508. Florida Statute	s the abou	<u></u>	named co	rporation submits this statement for the p	Urnose o	changing it	rs registered
office or r	registered agent, or both, in the Sta	ate of Florida. Such change was a	uthorized b	ov t		ation's board of directors. I hereby accep			
-	nn familiar with, and accept the ob	ligations of, Section 607 0505, Fibi	поа Statute	38.					
SIGNATURE	Signature hypercior primed harvoid registered	agent and little of applicable (NOTE	Registered Ag	gent	t signature requ	uired when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE					Change	Addition
NAME	SOCHER, WILLIAM J		1.2 NAME						
STREET ADDRESS	4214 BARCELONA ST		1.3 STREE	T AI	DDRESS				
CITY - ST - ZIP	TAMPA FL 33629	I Design	1.4 CITY-		- ZIP			[] 6)	A Aure
TITLE		DELETE	2.1 TITLE					☐ Change	Addition
NAME			2 2 NAME						
STREET ADDRESS			2 3 STREE						
CITY-ST-2IF TITLE		DELETE	2. 4 CITY-ST-ZIP 31 TITLE		-219			Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREE		DDRESS				
CHTY-ST-ZiP			3.4. CITY	- ST-	- ZIP				
TITLE		DELETE	4.1 TITLE		·			Change	Addition
NAME			4. 2 NAM	£					
STREET ADDRESS			4.3 STREE	ET AI	DDRESS				
CHY-ST ZIP			4.4 CITY	ST-	- ZIP				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME	-					
STREET ADDRESS			5.3 STREE	ET A	DORESS				
City - St - ZiP		T severe	5.4 CITY-	_	- ZIP			7-1-0	(C. Pr
TITLE		☐ DELETE	61 TITLE					Change	☐ Addition
NAME			6.2 NAME			:			
STREET ADDRESS			6.3 STREE						
CITY-ST-ZIP	my cortify that the information core	alted with this filling dose not qualify	6.4 CITY-			ed in Section 119.07(3)(i), Florida Statute	s I furtho	r certify that	the
l informatic	on indicated on this annual report of	or supplemental annual report is tr	ue and acc	OLIF.	ate and th	at my signature shall have the same lega ort as required by Chapter 607, Florida S	il effect a	s if made un	der oath: that