

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 # P95000040656

1. Corporation Name

DYNABILT STEEL TRUSS MANUFACTURING CORPORATION

Principal Place of Business

Mailing Address

1850 NE 144 STREET P.O. Box 610574
NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33261

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/12/1995

4. FEI Number

#59-2798480

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

2a. Mailing Address

21 1850 NE 144 STREET

26 P.O. Box 610574

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NORTH MIAMI, FL

28 NORTH MIAMI, FL

24 Zip

Country

29 Zip

Country

33181

33261

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAROLD BADER
1850 NE 144 STREET
NORTH MIAMI, FL 33181

81 Name

HAROLD BADER

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

1850 NE 144 STREET

84 City

NORTH MIAMI

FL

85 Zip Code

33181

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

100002977521--9

STREET ADDRESS

1.3 STREET ADDRESS

-09/02/99--01090--004

CITY-ST-ZIP

1.4 CITY-ST-ZIP

***150.00 ***150.00

TITLE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

7.1 TITLE

☐ Change ☐ Addition

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY-ST-ZIP

7.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

8.1 TITLE

☐ Change ☐ Addition

NAME

8.2 NAME

STREET ADDRESS

8.3 STREET ADDRESS

CITY-ST-ZIP

8.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Harold Bader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD BADER 8/26/99

305-919-9800
Daytime Phone #

FILED

99 AUG 30 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (11/98)