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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

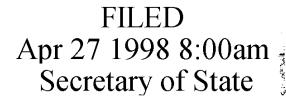
CITY-ST-ZIP

P95000042798 (5)

STRANAHAN STEEL WORKS INC.

Principal Place of Business Mailing Address

1130 N.E. 2300 DIACE





1130 N.E. 23RD PLACE 1130 N.E. 23RD PLACE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/31/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 <u>65-0598371</u> Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBERTS, WILLIAM E 1130 N.E. 23RD PLACE 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 84 City Zip Code 65 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **10**89 12. 13. DELETE TITLE 1.1 TITLE Change Addition 1.2 NAME NAME ROBERTS, DALE D 1130 NE 23 PL 1.3 STREET ADDRESS STREET ADDRESS **POMPANO BCH FL** CITY-ST-ZIP 1.4 CQY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Chapge Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY - S1 - ZIP

Million CDIt

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