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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046051 (5) AMERICAN METAL FABRICATIONS OF CENTRAL FLORIDA.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1018-18 WEST BRANDON BLVD. 1018-1B WEST BRANDON BLVD. **BRANDON FL 33511 BRANDON FL 33511** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3321378 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FELDMAN, ROXANA 1018-1B WEST BRANDON BLVD. Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Forida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATUR (NOTE: Registered Agent signature required whon reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE FELDMAN, ROXANA 1.2 NAME NAME 1018-1B WEST BRANDON BLVD. STREET ADDRESS 1.3 STREET ADDRESS BRANDON FL 33511 1.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ... Addition TITLE ☐ DELETE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP 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 emporared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in