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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000057454 (7)

METAL FABRICATORS, INC.

## **FILED** Apr 25 1997 8:00am Secretary of State



Principal Place	o of Business	Mailing A	ddress			1 18 811 8 81 1 1 1 1 1 1 1 1 1 1 1 1 1	1 10011000 tim imint ditte antit datte abret abent beite annit ander anne aide jan.			
4450 SW 61 AVENUE #2			61 AVENUE #2							
DAVIE FL 3331	4	DAVIE FL	33314-3627							
						3. Date Incorporated 07/25/1995	or Qualified 3a. Da	nte of Last Re 06/1996	eport	
2. Principal Pl	lace of Business	2a. Mailin	2a. Mailing Address			4. FEI Number		Ар	plied For	
21		26	26					t Applicable		
Suite, Apt.	#, etc	Suite,	Suite, Apt. #, etc.			5. Certificate of Status	Desired	\$8.75		
22		27				D. Cermicate or Status	Desired 🗀	Fee Re	quired	
City & State		City &	City & State			<ol><li>Election Campaign</li></ol>				
23		28				Trust Fund Contribe		Added t		
Zip	Country	Zip		Count	ry	8. This corporation ha			199.032,	
24	25	29		30		Florida Statutes		No		
	9. Name and Address of Curr	rent Registered	Agent	8	1 Nana	10. Name and Addres		Agent	<del></del> -	
	AN, JUDITH A			ľ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Judith A-DOL	an			
	RO & DOLAN, P.A.			8	2 Street Ac	dress (P.O. Box Number is	Not Acceptable)			
	) MIRAMAR PARKWAY, SUITE	308		_	<u> </u>	450 SW 61	Ave 40			
MIR	AMAR FL 33025			8	3		•			
				8	4 City			85 Zip (	Code.	
					1 1/1	we	FL	1 3	3544	
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.150	8, Florida Statut	es, the abo	ve-named co	orporation submits this state	ment for the purpose of	f changing its	s registered registered	
agent La	to the provisions of Sections 607.0 egistered agent, or both, in the Standar with, and accept the po	lightions of Secti	of 607.0505 FI	orida Ştatul	es. 🔏 🔪	aport's board or directors. T	norosy accept the app	11. 12	7	
SIGNATURE.	(alas H) (L	Wolan.	I Ju	diVu	_A . L	solan		<i>411115</i>	1/	
	Signature, he of or printed name of registered				gent signature re	quired when reinstating)	DATE		4.51.1.	
12.		AND DIRECTORS		13.			ES TO OFFICERS AND			
TITLE	PTD		DELETE	1.1 TITLE		IP TOS		Change	Addition	
NAME	DOLAN, JUDITH A			1.2 NAM	Ē					
STREET ADDRESS	4450 SW 61 AVENUE #2			1.3 STRE	ET ADDRESS					
CHY-ST-Z(P	DAVIE FL 33314			1.4 CITY					1100	
TITLE	V0		L DELETE	2.1 TITLE	14	D		Change	Addition	
NAME	SILEO, RALPH			2.2 NAM	E					
STHEET ADDRESS	4450 SW 61 AVENUE #2			2.3 STRE	ET ADDRESS					
CITY: \$1-26	DAVIE FL 33314			2 4 CiTy	-ST-ZIP					
Talf			DELETE	3 1 THTLE				Change	Addition	
NAME.				3 2 NAM	E					
STREET ADDRESS				3 3 STRE	et address					
CITY-SF-ZIP				3.4. CITY	- ST - ZIP					
1ıflF			DELETE	4.1 TITLE				Change	Addition	
NAME				4. 2 NAN	IE					
STREET ADDRESS				4.3 STRE	ET ADDRESS					
0/2Y+\$1+ZiP				4.4 CITY	-ST-ZIP					
THUE			DELETE	5.1 TITU				Change	☐ Addition	
NAME				5.2 NAM	E					
STREET ADDRESS				5.3 STRE	ET ADORESS					
CITY - ST - ZIP					-ST-ZIP					
THLE			DELETE	6.1 TrTL				Change	☐ Addition	
NAME				6.2 NAM						
STREET ADORESS					ET ADDRESS					
					L.					
CITY - S1 - ZIP	l			6.4 CITY	-ST-ZIP					

14. I do 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