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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 # P96000028462

1. Corporation Name

AMERICAN PREEDOM STEET METAL, CO.									
Principal Plac	a of Business	Mailing Address				18110 BINI 801N 0811 801N 01	YAND IYDDH YDYN BRUND I	<u> </u>	
•		3350 SW 2ZTH AVENUE							
14945 NW 25TH COURT 3350 SW 27TH AVENUE GOODNUT GROVE FL 33133									
us -						DO NOT WRITE IN TH	IIS SPACE	 -1	
					3. Date incorporate	ad or Qualifed			
					03/29/1996			-11-4 -	
2. Principal P	lace of Business	2a. Mailing Address	. K	1119	4, FEI Number	ADI E	<u> </u>	plied For	
21	1 26 /// 3 M C E 2 M				NOT APPLIC	JADLE	\$8.75 A	t Applicable	
Suite, Apt.	26 /// Bincken Suite, Apt. #, etc. 27 Per + 1+00 Se			ے ب	Certifcate of Sta	tus Desired 🔀	Fee Re		
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State			6, Election Campa	ion Financino	\$5.00	May Be	
23	ic.	28 Minni FL			Trust Fund Conf		Added to	, ,	
Zip	Country	Zip	Country	,		owes the current year	Intangible		
	25	29 3713/ 30			Personal Proper			□No	
-7	9. Name and Address of Current	<u> </u>			10. Name and Add	ress of New Register	ed Agent		
			81	Name					
SILVER & GARVETTT, P A 3350 SW 27TH AVE				Street Add	dress (P.O. Box Number	is Not Acceptable)			
				1110	BhiCKELL	AUENUE	. VIH	ONE	
ONE GROVE VILLA				11:00	· Hei		•		
-COCONUT GROVE FL 33133				City			85 Zip <u>C</u>	Code	
				1			L 3 <i>3</i>	737	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligation	f Florida, Such change was autho	nzed by	tne corpora	rporation submits this sta tion's board of directors.	tement for the purpose I hereby accept the ap	pointment as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rea	enA harates	ot signature requi	ired when reinstating)	DATE			
12.	OFFICERS AND		13.	, and a second		NGES TO OFFICERS		RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		·		☐ Change	Addition	
NAME	KEEN, JAMES		1 2 NAME					{	
STREET ADDRESS	4		1.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33054		1.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME			2.2 NAME						
STREET ADDRESS			23 STREE	TADDRESS					
CITY-ST-ZIP]	2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME			32 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-5	T- ZIP					
TITLE		☐ OELETE	5.1 TITLE				Change	Addition \	
NAME			5.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			<u> </u>		
TITLE		☐ DELETE	61 TITLE				Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS	1		6.3 STREE	TADDRESS					

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 trastee 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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

305-685-3526