Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90079 047 ***150.00

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 # P96000054194

1. Corporation	I STEEL COMPANY	.001101				
Principal Place	of Business	Mailing Address				
160 N.W. MONROE CIRCLE NORTH ST. PETERSBURG FL 33702 160 N.W. MONROE CIRCLE NORTH ST. PETERSBURG FL 33702					DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed
		· · · · · · · · · · · · · · · ·				06/21/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-3401526 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	y & State City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip 29	30	Country	<i>'</i>	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Currer					10. Name and Address of New Registered Agent
IMBRIANI, RALPH V 160 N.W. MONROE CIRCLE NORTH ST. PETERSBURG FL 33702				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
]	ELENOPONO LE GOLGE			84	<u></u>	FL 85 Zip Code
i office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wations of, Section 607.0505	ras autnon i, Florida S	zeo oy statutes	the corpo	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age	nt and title if applicable.		ered Age 13.	nt signature n	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AF	DELET		1 TITLE	_	Change Addition
TITLE				1.2 NAME		
NAME	IMBRIANI, RALPH V	OPTI	- 4	4		
STREET ADDRESS	100 100 100 100 100 100 100 100 100 100			1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702			.4 CITY-S	ST-ZIP	☐ Change ☐ Addition
غاسر)		☐ DELET	4	2.1 TITLE		Change Endulum
) 1 H (+ 5 T		~~		2 NAME		- · · · · · · · · · · · · · · · · · · ·
¹=DDRESS					TADORESS	
: : : : : : : : : : : : : : : :		□ DELET		.4 CITY-:	ST-ZIP	☐ Change ☐ Addition
NAMri		C perei		2 NAME		
STREET ADDRÉSS			3	.3 STREE	TADDRESS	5
CITY-ST-ZIP				.4. CITY-	ST-ZIP	
TITLE		☐ DELET	E 4	.1 TITLE		☐ Change ☐ Addition
NAME			4.	. 2 NAME		
STREET ADDRESS			4	.3 STREE	TADDRESS	
CITY-ST-ZIP	<u></u>	·	4	.4 CITY-5	ST-ZIP	
TITLE		☐ DELET	E 5	.1 TITLE		☐ Change ☐ Addition
NAME			5	2 NAME		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Change

Addition