**PROFIT** CORPORATION AKNUAL REPORT

1998

Steel Works, inc.

ST.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**#** TRAMUDC:

P96000064708 (6)

98 DEC -8 PM 2: 49 SECHETARY OF STATE TALLAHASSEE, FLORIDA

**DIVISION OF CORPORATIONS** 

|   |   | <u></u>                            |                   |  |  |   |
|---|---|------------------------------------|-------------------|--|--|---|
| Place of Business Mailing Address               |   |                                    |                   | ( (BELLDOT (19 ) Stilb Stilt adit) and abile attle attle attle and abile attle attle and a |  | (12 5(1)) 4(5)) 104() 56() 15() 165(              |
| EATON AVENUE 7147 EATON AVENUE                  |   |                                    |                   |  | }  | ,   |
| KSONVILLE FL 32211 JACKSONV                     |   | JACKSONVILLE FL 32211              | SONVILLE FL 32211 |  | BO NOT MOUTH IN TH   |   |
|   |   |                                    |                   |  | DO NOT WRITE IN TH   | IIS SPACE   |
|   |   |                                    |                   |  | 3. Date Incorporated or Qualified  |   |
| <u> </u>  |   |                                    |                   |  | 08/01/1996   | <del></del>                                       |
| Principal Place of Business 2a. Mailing Address |   |                                    | 11-1              | 10.11  | 4. FEI Number  | Applied For                                       |
| Suite, Apt. #, etc. Suite, Apt. #, etc.         |   | y Will Cirdo AL                    |                   | 6-14 59-3397214  | Not Applicable   |   |
|   |   | <u>├</u> ¬ ' ' '                   |                   | 5. Certificate of Status Desired \$8.75 Additional Fee Required                            |  |   |
| City & State City & State                       |   | (27)                               |                   |  | <del></del>  | <del></del>                                       |
|   |   |                                    |                   | •  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                     |   |
| 7:0   | T Country   | 28 Jackson ville                   | Countr            |  | Trust Fund Contribution  |   |
| Zip   | Country   | Zip 72044                          | <del></del> -1    | у  | 8. This corporation owes or has paid the o   |   |
|   | 25<br>9. Name and Address of Curr   |                                    | 30}               |  | Personal Property Tax due June 30.  10. Name and Address of New Registere                              | <del>==</del>                                     |
| 201   | <del></del>   | ent Registered Agent               | 8                 | 1) Name  | 10. Name and Address of New Registers  | o wasur   |
| BRYANT, STEVEN E                                |   |                                    |                   | , valle  |  |   |
| 7147 EATON AVENUE                               |   |                                    | 82                | 2 Street Add   | ress (P.O. Box Number is Not Acceptable)   |   |
| JACKSONVILLE FL 32211                           |   |                                    | <u> </u>          | <u>.</u>   | 10000271<br>-12/15/98  | 33619   |
|   |   |                                    | 83                | 3  | -12/15/98-   | 01083008  |
|   | •   |                                    | 84                | 1 City   | *****150 <u>.</u> 6  | ) <del>O <sub>18</sub>5 ***  </del>               |
|   |   |                                    |                   |  | F  |   |
| office or                                       | t to the provisions of sections 607.0<br>registered agent, or both, in the Sta<br>am familiar with, and accept the ob | ate of Florida. Such change was au | thorized b        | y the corporat   | pration submits this statement for the purpose of<br>ion's board of directors. I hereby accept the app | changing its registered<br>ointment as registered |
| SNATURE   |   |                                    |                   |  |  | ·   |
| <del></del>                                     |   |                                    |                   | Agent signature rec  | quired when reinstating) DATE  | AUD DIOCOTORO III 40                              |
|   | <del></del>   | AND DIRECTORS                      | 13.               |  | ADDITIONS/CHANGES TO OFFICERS  |   |
|   | P   | L DELETE                           | 1,1 TITLE         |  |  | Change Addition                                   |
| E ,   | BRYANT, STEVEN E  |                                    | 1.2 NAME          | }  |  |   |
| ET ADDRESS                                      | 7147 EATON AVE  |                                    | 1.3 STREE         | TADDRESS   |  |   |
| -ST-ZIP   | JACKSONVILLE FL   |                                    | 1.4 CITY-S        | RT-ZIP   |  |   |
| Ε,  | ∤ VP  | - DELETE                           |                   | {  |  | Change Addition                                   |
| € .   | NORTON, MARK D  |                                    | 2.2 NAME          |  |  |   |
| ET ADDRESS                                      | 7219 HOLIDAY HILL CIRLCE  | NORTH                              | 2.3 STREE         | T ADDRESS  | ست ما الله الله الله الله الله الله الله ا   | . They was a second                               |
| -ST-ZIP   | JACKSONVILLE FL   | •                                  | 2.4 CITY-S        | ST-ZIP   |  |   |
|   |   | DELETE                             | 3.1 TITLE         |  |  | Change Addition                                   |
| E I   |   | <del></del>                        | 3.2 NAME          | ì  |  | - •   |
| ET ADDRESS                                      |   |                                    | 3.3 STREE         | TADDRESS   |  |   |
| -ST-ZIP   |   |                                    | 3.4 CITY-S        | iT-ZIP   |  |   |
|   | l   | DELETE                             | 4.1 TITLE         |  |  | Change Addition                                   |
| E   |   | to be the                          | 4.2 NAME          |  |  | C ouguige C reduced                               |
| ET ADDRESS                                      |   |                                    | •                 | TADDRESS   |  |   |
| SI-ZIP  |   |                                    | 4.4 CITY-S        | 1  |  |   |
| *04*Z)P   | <del></del>   | - Beleve                           | 5.1 TITLE         |  |  | Dobate Dates                                      |
| -<br>-  |   | L DELETE                           | 5.2 NAME          | Į.   |  | Change Addition                                   |
| ET ADDRESS                                      |   |                                    |                   | Ι.   |  |   |
| ET ADDRESS                                      |   |                                    |                   | TADDRESS   |  |   |
| ST-ZIP  | <del></del>   |                                    | 5.4 CITY-S        | IT-ZIP   |  | - <del> </del>                                    |
| <u> </u>  |   | DELETE                             | 6.1 TITLE         |  |  | Change Addition                                   |
| E (   |   |                                    | 6.2 NAME          |  |  | The Pork  |
| ET ADDRESS                                      |   |                                    | 6.3 STREE         | T ADDRESS  | •  | 71/V  |
| ST-7IP  |   |                                    | 6.4 CITY-S        | t.7IP  |  | W   |

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 chapted, or on an attachment with an address.

SIGNATURE AND THE REQUIRED Store Street 12-2-98 9/2-264-8376
SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Dayling Phone # GNATURE: Slice

CR2E034 (5/98)





7219 HOLIDAY HILL CIRCLE NORTH ♦ JACKSONVILLE, FL 32216 Phone 912-264-8376 ♦ Fax 912-264-1580

December 02, 1998

To whom it may concern

Please accept our apologies for being late with our 1998 Profit Corporation Annual Report. Our mailing address has changed however it seems that our change of address form did not go to the proper place. Our new address is as follows:

Steel Works, Inc. 7219 Holiday Hill Circle North Jacksonville, FL 32216

We are enclosing our check and in the future if all correspondence is sent to the above address I promise that there will not be any late submitals again.

Sincerely,

Steve Bryant

President, Steel Works, Inc.