

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550**

**FILED**

**May 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000094207 (3)**  
1. Corporation Name  
**HERMETIC STEEL CORP.**



Principal Place of Business: **19390 COLLINS AVE. NO. 521A N MIAMI BEACH FL 33160**  
Mailing Address: **19390 COLLINS AVE. NO. 521A N MIAMI BEACH FL 33180-2200**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified <b>11/14/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0721518</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MARKELL, LAWRENCE J  
7280 W PALMETTO PARK RD, SUITE 202N  
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3.
4. City
<b>FL</b> <input type="checkbox"/> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATLER, DANNY</b>	1.2	
STREET ADDRESS	<b>19390 COLLINS AVE, NO. 521A</b>	1.3	STREET ADDRESS
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33160</b>	1.4	ST-ZIP
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUE, NOEL</b>	2.2	
STREET ADDRESS	<b>5618 NW 21ST ST</b>	2.3	STREET ADDRESS
CITY-ST-ZIP	<b>LAUDERHILL FL 33313</b>	2.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	
STREET ADDRESS		3.3	STREET ADDRESS
CITY-ST-ZIP		3.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		6.4	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 13 if changed, or on an attachment with an address.

SIGNATURE: Danny Watler **4/24/97** **908/9319571**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)