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

Mailing Address 5618 N.W. 21ST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90255 002 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000094207

Principal Place of Business

SIGNATURE:

5618 N.W. 21 STREET

HERMETIC STEEL CORP.

#33A	00040	#33A Lauderhill fl 33313			DO NOT WRITE IN THIS SPACE				
LAUDERHILL FL 33313 LAUDERHILL FL 33313 US					3. Date incorporated or Qualifed	· · · · · ·			
					11/14/1996				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Appli	ed For
21		26 20937 60	14 (2000	<u> </u>			Not A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	^ -		5. Certifcate of Status Desired				ditional
22		27 112 ++		3. Certificate of Blatca Besilion		Fe	e Requ	ired	
City & State		City & State			6. Election Campaign Financing	П	-	. 00 м	,
23		28 NU CUTURA FL		Trust Fund Contribution			ded to	Fees	
Zip	Country	Zip 2 / 7/2	_ Country	in Had	8. This corporation owes the curre	ent year Inta		~	1
24	25	29 3318031	0	199	Personal Property Tax.		☐ Yes		(No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egisterea i	Agent	-	·
MAD	VELL LAWDENCE I		81	Name					}
MARKELL, LAWRENCE J				Street A	ddress (P.O. Box Number is Not Accepta	ble)			
7280 W PALMETTO PARK RD, SUITE 202N			_						
BUC	A RATON FL 33433		83						
	•		84	City			85	Zip Co	de
						F <u>L</u>	<u> </u>	_:	
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 Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered									gistered
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
0.014110112	Signature, typed or printed name of registered agent		<u>. </u>	nt signature req	uired when reinstating)	DATE	D DIDE	CTOD	2 184 42
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN	□ Cha		Addition
TITLE	PTD	☐ DELETE	1.1 TITLE	ļ				uige	L Addition
NAME	WATLER, DANNY		1.2 NAME						
STREET ADDRESS	19390 COLLINS AVE, NO. 521A			TADORESS					
CITY-ST-ZIP	N MIAMI BEACH FL 33160		1.4 CITY-5	T-ZIP			Cha		Addition
TITLE	SD	☐ DELETE	2.1 TITLE				Cile	iiige	L Addition
NAME	TRUE, NOEL		2.2 NAME						
STREET ADDRESS	0010 1111 2101 01		2.3 STREE	T ADDRESS					ì
CITY+ST-ZIP	D 10027111120 1 2 0 0 0 1 0		2. 4 CITY-	ST-ZIP					F7 • 4.66
TITLE		☐ DELETE	3.1 TITLE				Cha	inge	Addition
NAME .			3.2 NAME	- 1)
STREET ADDRESS			3.3 STREE	TADDRESS	1				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Cha	inge	Addition
NAME			4. 2 NAME	1					ļ
STREET ADDRESS			4.3 STREE	TADORESS					Ì
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Cha	ange	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP	·		5.4 CITY- \$	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Cha	ange	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					ĺ
									i

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.