Mailing Address 9140 GOLFSIDE DRIVE

JACKSONVILLE FL 32256

2a. Mailing Address

STE 9

26

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000033428

1. Corpora ion Name

Principal Place of Business

2. Principal Place of Business

9140 GOLFSIDE DR

21

JACKSONVILLE FL 32256

DETAILZ-STEEL DETAILERS, INC.

City & Siste City & Siste	Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired						38.73 Additional Fee Required		
29	City & S ate						- 6	6. Election Campa		paign Financing		\$	\$5.00 May Be	
25 26 26 30 Personal Property Tax. Se No. No	23		28					Trust F	and Contr	ibution	ليا	A	dded_to	Fees
9. Name and Add was of Current Registered Agent 10. Name and Address of New Registere I Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 ACKSONVILLE FL 32217 43 BACKSONVILLE FL 32217 44 JACKSONVILLE FL 32217 45 City 46 City 47 Lersus at to the provisions of Sections 807,0502 and 807,1508, Florida Statu es, the above-named corporation submits this statement for the purpose of changing its registered agent, and arczept the obligations of Section South change was acuthorized by the exploration's board of circctors. I hereby accept the app antiment as registered agent, and arczept the obligations of Section South Offson, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12	Zip	Country	Zip	Country			8	, This co	orporation (owes the cu	rrent yea			
BOATWRIGHT, SCOTT R 4209 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32217 11. Pursua 1 to the provisions of Sciolone 807 0502 and 607 1508. Florida Statu es. the acceptable office or registered agent, or both, in the State o' Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, a marrial with, and accept the obligations of, Section 607 0505, Fix and Statutes. SIGNATURE SIGNATURE DELETE 12. DEFFICERS ANT DIRECTORS 13. ADDITIC NSICHANGES TO OFFICERS /ND DIRECTORS IN 12 TITLE PDVT Addition TYCHINSKI, PATRICIA STREET ADDRESS 11 TITLE DELETE 11 TITLE DELETE 11 TITLE DELETE 11 TITLE DELETE 13 TITLE DELETE 14 TITLE DELETE 14 TITLE DELETE 15 TITLE DELETE 15 TITLE DELETE 15 TITLE DELETE 16 TITLE DELETE 16 TITLE DELETE 17 TITLE DELETE 18 TITLE D	24	25	29	30										L_No
BOATWRIGHT, SCOTT R 4299 BAYMEADOWS ROAD SUITE 4 JACKSONVILE FL 32217 84 City FL 85 Zip Cide 11. Pursua it to the provisions of Scicions 607 0502 and 607 1508, Florida Statu es, the above-named corporation submits this statement for the purpose of changing its registered agant. I am familiar with, and accept the obligations of, Section 607 0505, Fix dia Statutes. SIGNATURE 3gradua. I am familiar with, and accept the obligations of, Section 607 0505, Fix dia Statutes. SIGNATURE 3gradua. I am familiar with, and accept the obligations of, Section 607 0505, Fix dia Statutes. SIGNATURE 3gradua. I am familiar with, and accept the obligations of, Section 607 0505, Fix dia Statutes. SIGNATURE 3gradua. I am familiar with, and accept the obligations of, Section 607 0505, Fix dia Statutes. SIGNATURE 3gradua. I am familiar with, and accept the obligations of, Section 607 0505, Fix dia Statutes. SIGNATURE 3gradua. I am familiar with, and accept the obligations of, Section 607 0505, Fix dia Statutes. SIGNATURE 3gradua. I am familiar with, and accept the obligations of, Section 607 0505, Fix dia Statutes. SIGNATURE 3gradua. I am familiar with, and accept the obligations of, Section 607 0505, Fix dia Statutes. 13. TITLE 40. TITLE		9. Name and Address of Current	Registered Agent				10). Name	and Addr	ess of New	Registe	re J Agent		
4209 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32217 11. Pursua 1 to the provisions of Sections 607.0502 and 607.1508, Florids Statu es. the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of circutors. Thereby accept the applyment as registered agent, and familiar with, and accept the obligations of, Section 607.0005, Filt-ridd Statutes. SIGNATURE To Description of Sections 607.0005, Filt-ridd Statutes. 12. NOTI: Reprivated Agent appulsor registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of circutors. Thereby accept the applyment agent registered agent, and familiar with, and accept the obligations of, Section 607.0005, Filt-ridd Statutes. SIGNATURE 12. DEFFICENS ANT: DIRECTORS 13. ADDITIC NSICHANGES TO OFFICERS / ND DIRECTORS 14. THE 15. THE 15. ADDITIC NSICHANGES TO OFFICERS / ND DIRECTORS 14. THE 15. THE DUT 16. STREET ADDRESS 16. STREET ADDRESS 16. STREET ADDRESS 17. ST. ZP 18. THE 18. STREET ADDRESS 18. STREET ADDRESS 19. ADDITIC NSICHANGES TO OFFICERS / ND DIRECTORS S IN 12 19. NAME 20. THE DUT 10. ST. ZP 10. ST. ZP 10. ST. ZP 11. THE 12. NAME 22. NAME 22. NAME 23. STREET ADDRESS 34. CITY-ST. ZP 17. ST. ZP	DC:43	DUDIOLIT COOTT D			81	Name								
SUITE 4 JACKSONVILLE FL 32217 84 City FL 55 Zip Cride 11. Pursua it to the provisions of Sections 607.0502 and 607.1508, Floride Statu es, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride, Such change was ruchrozed by the corporation's board of cirectors. Thereby accept the appointment as registered agent, in familiar with, and accept the obligations of, Section 97.0502, First Statu es, the above-named corporation submits this statement for the purpose of changing its registered agent in familiar with, and accept the obligations of, Section 97.0502, First Statu es, the above-named corporation submits this statement for the purpose of changing its registered agent in familiar with a complete was ruchrozed by the corporation's board of cirectors. Thereby accept the appointment as registered agent in the familiar status of the purpose of change in the status of the purpose of change in the purpo						Street /	Address ((P.O. Box	Number i	s Not Acce	otable)			
JACKSONVILLE FL 32217 B4 City FL 85 Zip Cide														
Section Sections														
The provisions of Scctions 607 0502 and 607,1508, Florida Status es, the above-named corporation submits this statement for the purpose of changing its nigistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the app 3-internal as a registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the app 3-internal as a registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the app 3-internal as a registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the app 3-internal as a registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the app 3-internal as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the app 3-internal as registered agent, or both, in the State of Florida, Such change is a such change was authorized by the corporation's board of cirectors. I hereby accept the app 3-internal as registered agent, or both, in the State of Circuit, and the purpose of Circuit, and the pur	JACK	SUNVILLE FL 32217			84	City						85	Zip C	cide
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of circcions. Interest agent agent and accept the obligations of Section 607 0505. Find do Statutes. SIGNATURE 12. DFFICERS ANC DIRECTORS 13. ADDITICNS/CHANGES TO OFFICERS /ND DIRECTORS IN 12 TITLE DV TITLE DELETE 1.1 TITLE DATE DELETE 1.2 PAME DELETE D						,								
Agent. lam familiar with, and accept the obligations of, Section 607 opts. Filtriag Statutes. SIGNATURE Signature, Typed or protect one with applications of the obligations of, Section 607 opts. Filtriag Statutes. Signature, Typed or protect one with applications of the obligations of, Section 607 opts. Filtriag Statutes. Signature, Typed or protect one with applications of the obligations of the obli	11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered													
Signature, typed or protect rate for displaced approximent and tried displaced approximent and tried displaced approximent and separative required when remittation) OATE	omice or registered agent, or both, in the State of Florida. Such change was adminized by the corporation's board of chectors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
Signature, typed or protect rate for displaced approximent and tried displaced approximent and tried displaced approximent and separative required when remittation) OATE	SIGNATURE													
TITLE PDVT				_	Agent s	ignature re	equ red when						FOTO	
NAME STREET ADDRESS	12.			-			CO.						handa	[] Addition
MAME	TITLE		DELETE	•			400	· (A 0.1	PA	- e1	C . N A	lange	Addition
MAME	NAME						4-4-1	1 4		۱, ۱	SRIV	تَ مَ		
MAME	STREET ADDRESS						114	0 0	act s			202	ر سے	
MAME	CITY-ST-ZIP	JACKSONVILLE FL 32256				ZIP		<u> </u>	1001	<u> </u>	T- L-	<u>ے کے دیــ</u>	<u>ک کے</u>	Addition
STREET ADDRE'S 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS 3.5 STRE	TITLE		☐ DELETE	ı									ariye	Addition
CITY-ST-ZIP	NAME													
TITLE	STREET ADDRESS			2.3 S1	TREET A	DDRESS								
NAME	CITY-ST-ZIP					ZIP							honaa	C Addition
STREET ADDRE :S 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition	TITLE		☐ DELETE									Пс	Harrye	Addition
CITY-ST-ZIP	NAME													
TITLE	STREET ADDRESS			3.3 ST	FREET A	DDRESS								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SA STREET ADDRESS CITY-ST-ZIP TITLE SA STREET ADDRESS CITY-ST-ZIP TITLE SA CITY-ST-ZIP TITLE SA CITY-ST-ZIP TITLE SA CITY-ST-ZIP Change Addition Addition Addition STREET ADDRESS SA STREET ADDRESS SA CITY-ST-ZIP Change Addition Addition Addition STREET ADDRESS SA STREET ADDRESS	CITY-ST-ZIP			_		ZIP							hanao	☐ Addition
A 3 STREET ADDRESS CITY-ST-ZIP	TITLE		C DELEIE										nange	[] Addition
Addition	NAME													
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY- 5T- ZIP CTY- ST- ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY ST. 7IP CTT TIP CTT TIP	STREET ADDRESS													
NAME				_		ZIP	<u> </u>						hongo	Addition
STREET ADDRESS	TITLE		[] DECE15			İ	İ					По	nange	Addition
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition	NAME					200555								
DELETE DELETE 6.1 TITLE Change Addition	STREET ADDRESS													
NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST. 7IP			C per exe			<u> </u>	<u> </u>						hange	☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST. 7IP			∐ DELE⊺E										nange	
SIREEI AULHE: S						DDDFee								
CITY_ST_7IP	STREET ADDRESS						1							ļ
Will be the second in Section 140 07 3V/0 Florida Statutes I further extifus that the information	CITY-ST-ZIP	W. D. and C. C. and C. and C. C. and	IL: 61: 4				t in Soction	on 110 0	7. 21/i) Elec	rida Statuto	e I fuetbo	r cartify the	at the in	
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 suppliemental 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 of 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 coron an attach nent with an address with a Lother like empowered.														

SIGNATURE:

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90214 021 ***150.00

DO NOT WRITE IN THIS SPACE

Appied For

Not Applicable

CR2E034 (11/98)

3. Date Ir corporated or Qualifed

04/09/1997 4. FEI Number

59-3439304