Applied For Not Applicable 8.75 Additional Fee Recuired_ \$5.00 May Be

Added to Fees

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPLIRTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700050192 1. Corporation Name CUSTOM ORNAMENTAL IRON FABRICATION, INC.										
Principal Place of Business	Mailing Address		_			(80 11 83 1 110 10114 10811 0811	88111 BB111 B1			
14560 60TH STREET NORTH CLEARWATER FL 34620	1342 SLEEPY HOLLOW DUNEDIN FL 34698	1342 SLEEPY HOLLOW COURT DUNEDIN FL 34698				DO NOT WE	RITE IN TH	H'S SPAC		
					06/0	r corporated or Qualife 5/1997	d			
2. Principal Place of Business	2a. Mailing Address			4. FEI N	umber LIED FOR 593	-452	629			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			_	5. Certifo	ate of Status Desired		\$8. F		
City & State	City & State					า Campaign Financing Fund Contribution	, _	\$: A		
Zip Country 24 25	Zip	30	Country			crporation owes the cu	rrent year	Intangible		
= ·	of Current Registered Agent		' 			and Address of New	Register	ed Agent		
THETTER, PHILIP			81	Name			(61-)			
14560 60TH STREET NORTH	1		82	Street	Acdress (P.O. Bo	x Number is Not Accep	ntable)			
CLEARWATER FL 34620			83							
			84	City				EL 85		
11. Pursuant to the provisions of Sc ction office cr registered agent, or bo h, in agent. I am familiar with, and accept	the State of Florida. Such change w	as autho	orized by	tne corp	corporation submoretion's board of	its this statement for the cirectors. I hereby acc	e purpose ept the ap	of chang pointment		
SIGNATURE Signature, typed or printed na ne of ri	spistered agent and title if applicable.	NOTie: Rec	istered Ager	t signature r	required when reinstating)	DATE			
	CERS AND DIRECTORS	ΤĪ	13.			(NS/CHANGES TO C	FFICERS	AND DIR		
TITLE PTD	DELETI	E	1.1 TITLE							

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90035 018 ***150.00



			84 (City			 FL	85 Zip	Code
office or n	to the provisions of Sections 607.0502 a egistered agent, or bo h, in the State of f m familiar with, and accept the obligation	-lorida. Such change was อน	thorized by the	amed corporation s b	on submits this socard of cirector	statement for the s. I hereby accep	purpose of c	hanging its	s registered egistered
SIGNATURE							DATE		
	Signature, typed or printed na ne of registered agent an OFFICERS ANI.		13.	gnature required when		HANGES TO OF		DIRECT	OF S IN 12
TITLE	PTD OFFICERS AND	DIRECTORS DELETE	1.1 TITLE		ADDITIC-NO/OF	IANOES TO ST	TOLINO , UTI	Change	
	TRETTER. PHILIP		1.2 NAME					_ ,	_
NAME									
STREET ADDRE 3S	1342 SLEEPY HOLLOW COURT		1.3 STREET AD						
CITY-ST-ZIP	DUNEDIN FL 34698	DELETE	1.4 CITY-ST-Z	<u> </u>				Change	Addition
TITLE	VD CYCANIE	□ DELETE	2.1 TITLE					change	
NAME	TRETTER, CYDNIE		2.2 NAME						
STREET ADDRE 3S	1342 SLEEPY HOLLOW COURT		2.3 STREET AD	DORESS					_
CITY-ST-ZIP	DUNEDIN FL-34698		2 4 CITY-ST-Z	<u>ue</u>					- Addising
TITLE		□ DELETE	3.1 TITLE	Ì				☐ Change	Addition Addition
NAME			3 2 NAME						
STREET ADDRE 3S			3.3 STREET AD	DRESS					
CITY-ST-ZIP			3.4. CITY-ST-Z	ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4.2 NAME	1					
STREET ADDRE 3S			4.3 STREET AD	DRESS					
CITY-ST-ZIP			4.4 CITY-ST-Z	IP					
TITLE	= = = = = = = = = = = = = = = = = = =	☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5 3 STREET AD	DDRESS					
CITY-ST-ZIP			5.4 CITY-ST-Z	(IP					
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME		_	6.2 NAME						
			6.3 STREET AD	DORESS					
STREET ADDRE 3S			6.4 CITY-ST-Z						
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	the exemption	stated in Section	on 119.07 (3)(i)	Florida Statutes.	I further cart	fy that the	information
indicate d	on this annual report or supplemental ar	nnual report is true and accur	ate and that m	ny signature sha	ill have the sam	e legal effect as i	t made unde	r oatn; tha	tram an

officer or director of the corporation or the receiver or trustee em Block 12 or Block 13 if changed or on an attach mont with

SIGNATURE:

CR2E034 (11/98)