## **FILED**

FLORIDA DEPARTMENT OF STATE

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

CORPORATION ANNUAL REPORT 1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000078094

Corporation Name

PALM BEACH STEEL, CORP.

| Principal Place of Business            | Mailing Address  |
|--|--|
| 19400 W. DIXIE HIGHWAY<br>P.O. BOX 948 | 19400 W. DIXIE HIGHWAY<br>P.O. BOX 948<br>NORTH MIAMI BEACH FL 33180 |
| NORTH MIAMI BEACH FL 33180             | NOKIH MIAMI BEACH FE 33100   |
|  | A Station Address  |
| 2. Principal Place of Business         | 2a. Mailing Address  |

Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90058 011 \*\*\*150.00

| 19400 W. DIXIE HIGHWAY P.O. BOX 948 NORTH MIAMI BEACH FL 33180  19400 W. DIXIE HIGHWAY P.O. BOX 948 NORTH MIAMI BEACH FL 33180  |   |                     | DO NOT WRITE  3. Date Incorporated or Qualifed  09/09/1997 | : IN THIS SF   | PACE                                       |             |          |   |  |
|---|---|---------------------|--|--|--|-------------|----------|---|--|
| 2 Principal Pl  | ace of Business   | 2a. Mailing Address |  |  | 4. FEI Number                              |             | Apı      | olied For                               |  |
| 21  |   | 26                  |  |  | 65-0779666                                 |             | No       | Applicable                              |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |                     |  | \$8.75 Addit   |  | dditional   |          |   |  |
| 22 27   |   |                     |  | 5. Certifcate of Status Desired                      |  | Fee Re      | quired   |   |  |
| City & State City & State   |   |                     |  | 6. Election Campaign Financing                       |  | \$5.00      | May Be   |   |  |
| 23 28   |   |                     |  | Trust Fund Contribution                              |  | Added to    | -        |   |  |
| Zip Country Zip Cou   |   | Country             |  | 8. This corporation owes the current year Intangible |  |             |          |   |  |
| <b>⊢</b> '  | 25  | 29 30               | ]  |  | Personal Property Tax.                     |             | Yes      | □No                                     |  |
| 24  | 9. Name and Address of Current                                    |                     |  |  | 10. Name and Address of New Re             | gistered Ag | jent     |   |  |
|   | g, Hallis and Madicas et Carrent                                  |                     | 81   | Name   |  |             |          |   |  |
| KAMRADT, RUSSELL T<br>777 SOUTH FLAGLER DRIVE SUITE 900 EAST  |   |                     | 82   | Street   | Address (P.O. Box Number is Not Acceptable | le)         |          |   |  |
| WEST PALM BEACH FL 33401  |   | 83                  | <u> </u>   |  |  | -           |          |   |  |
| ""  | THE BENOTITE GOTO.  |                     | 03   |  |  |             |          |   |  |
|   |   |                     | 84   | City   |  | FL          | 85 Zip C | Code                                    |  |
| 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  Signature types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |                     |  |  |  |             |          |   |  |
|   | Signature, typed or printed name of registered agent OFFICERS ANI |                     | 13.  | it signature i                                       | ADDITIONS/CHANGES TO OFFI                  | _           | DIRECTO  | RS IN 12                                |  |
| 12.   | D OFFICERS AN   | DELETE              | 1,1 TITLE  |  | ADDITIONS/GHARGES TO OFFI                  |             | Change   | Addition                                |  |
| i I   | <del>-</del>  |                     | 1.2 NAME   |  |  |             |          |   |  |
| NAME  | MIRON, JULIE<br>19400 W. DIXIE HIGHWAY                            |                     |  | T ADDRESS  |  |             |          |   |  |
| STREET ADDRESS  |   | <b>,</b>            |  |  |  |             |          | ļ                                       |  |
| CITY-ST-ZIP   | NORTH MIAMI BEACH FL 3318   | J DELETE            | 1.4 CITY-S<br>2.1 TITLE                                    | 1-ZIP  |  |             | ] Change | Addition                                |  |
| TITLE   | P LANES   | - Petrie            |  |  | ·  | •           |          |   |  |
| NAME  | BAKER, JAMES  |                     | 2.2 NAME   |  |  | _           |          |   |  |
| STREET ADDRESS  | 6031 SPANISH OAK WAY  |                     |  | T ADDRESS  | -  |             |          | -                                       |  |
| CITY-ST-ZIP   | SPRING TX 77379   |                     | 2. 4 CITY-   | ST- ZIP  | -  |             | Change   | Addition                                |  |
| TITLE   | D DANIEL  | DELETE              | 3.1 TITLE  |  |  |             | 9-       |   |  |
| NAME  | KERCSMAR, DANIEL  |                     | 3.2 NAME   |  |  |             |          |   |  |
| STREET ADDRESS  | 785 SPINNACKER COURT  |                     |  | TADORESS   |  |             |          |   |  |
| CITY-ST-ZIP   | SECAUCUS NJ 07094   | ☐ DELETE            | 3.4. CITY-1  | ST-ZIP   |  |             | Change   | Addition                                |  |
| TITLE   |   |                     | 4.1 TITLE  |  |  | ·           |          |   |  |
| NAME  |   |                     | 4. 2 NAME  |  |  |             |          |   |  |
| STREET ADDRESS  |   |                     |  | T ADDRÉSS  |  |             |          | į                                       |  |
| CITY-ST-ZIP   |   |                     | 4.4 CITY-5   | T-ZIP  | <del> </del>                               |             | Change   | Addition                                |  |
| TITLE   |   | ☐ DELETE            | 5.1 TITLE<br>5.2 NAME                                      |  |  | ,           |          | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| NAME  |   |                     | 1  | T 4 DDCCC-   |  |             |          |   |  |
| STREET ADDRESS  |   |                     |  | TADDRESS   |  |             |          |   |  |
| CITY-ST-ZIP   |   |                     | 5.4 CITY-5   | T-219  |  |             |          | Addition                                |  |
| TITLE   |   | ∏ D€LETE            | 6.1 TITLE  |  |  | i           | Change   | ☐ Mudikon                               |  |

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADORESS

SIGNATURE:

NAME

STREET ADDRESS

PLASIDENT