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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P97000078525

1. Corporation Name

I BEAM STEEL ERECTORS, INC.

Principal Place	of Business	Mailing Address				Ì					
826 EAST VENTURA CLEWISTON FL 33440		826 EAST VENTURA CLEWISTON FL 33440					DO NOT WRI	TE IN T	HIS SPACE	E	
							te Incorporate 9/10/1997	d or Qualifed			
2. Principal Pla	ce of Business	2a. Mailing A	2a. Mailing Address				l Number				Applied For
21		26				65	5-0779960				Not Applicable
Suite, Apt. #	, etc.	' '	Suite, Apt. #, etc.			5. Ce	ertifcate of Sta	tus Desired			75 Additional ee Required
City & State		City & St	City & State			1	ection Campai				.00 May Be
Zip 24	Country	Zip	30	Count	гу		is corporation		ent year	Intangible	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
ROCHEFORT, LAWRENCE P ESQ.				8	1 Name	ssell	w	Jone		Jr.	
777 SOUTH FLAGLER DRIVE				L	<b>1821</b>		ess (P.O. Box Number is Not Acceptable)  Fact Verturn Aue				
SUITE 900 EAST WEST PALM BEACH FL 33401				8	3						•
					4 679/0	("lewiston FL 85 33440					
office or red	o the provisions of Sections 607. gistered agent, or both, in the St i familiar with, and accept the ob	ate of Florida. Such ci	nange was auth	orized b	ve-named c	ornoration si	mits this stat	tement for the I hereby acce	purpose of the ap	of changir pointment	ng its registered as registered
SIGNATURE	signature, typed or puried name of registered	Kusse  I agent and title if applicable.		gistered A	کھم gent signature rec	Julied when reinst	tating)		3/	1/9	<u> </u>
12. OFFICERS AND DIRECTORS 13.							DITIONS	NGE8 700F	FICERS		ECTORS IN 12
TITLE	D	<u> </u>	- SECETE	1.1 TITLE		Pres	X Remel	WHI E		_ Cha	ange 🔲 Additio
NAME	JONES, R			1.2 NAM	E	Russe		2 one	• , =	صر کرد	
STREET ADDRESS	826 E VENTURA			1.3 STRE	ET ADORESS	896	E	ventu	156	Hve.	•

Clewiston, Fl **CLEWISTON FL 33440** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THE DELETE 2.1 TITLE TITLE JONES, RUSSELL 2.2 NAME NAME 826 EAST VENTURA 2.3 STREET ADDRESS STREET ADDRESS **CLEWISTON FL 33440** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition D DELETE TITLE 3.1 TITLE OWNES, GLADYS 3.2 NAME NAME **826 EAST VENTURA** 3.3 STREET ADDRESS STREET ADDRESS **CLEWISTON FL 33440** 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 61 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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 ar 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.

SIGNATURE: \_x

CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90069 042 \*\*\*150.00