PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016991

1. Corporation Name

1999

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90208 016 ***158.75

	FLORIDA POLYSTEEL, I	NU.			•					
Principal Place	e of Business	Mailing Address		_		I SPENIFEN NE NAMEN INCH AND LA	271 40 114 96 (8)):	1919 BILLE II		
4300 NW 23RD AVE. #415 GAINESVILLE FL 32606		4300 NW 23RD AV	4300 NW 23RD AVE. #415 Gainesville FL 32606							
		GAINESVILLE FL 3				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	<u> </u>			7
						02/20/1998				
2. Principal P	lace of Business	2a. Mailing Addres	is	_		4 FFI Number -			Applied For]
21		26	_	. <u></u>	 - <u>-</u>	59-34-9922	<u> </u>		Not Applicable	 -
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.			5. Certifcate of Status Desired	X		5 Additional Required	1
22		27								4
City & Stat	e	City & State				6. Election Campaign Financing			May Be	
23	Country	28 Zip	Co	ountry		Trust Fund Contribution 8. This corporation owes the curr	ont year Inta		0 10 1 003	1
Zip	Country	29	30	ound y		Personal Property Tax.	ent year ma	Yes	XNo	
24	9. Name and Address of Cu		[30]			10. Name and Address of New F	Registered A	\gent]
	or rune and rune a			81 Na	ne					
	BB, ROY S			82 Str	aet Addre	ess (P.O. Box Number is Not Accepta	able)	<u>-</u>		\dashv
) NW 23RD AVE. #415			02 30	set Addre	(.C. Box Hamber to Het Accept				
GAIN	NESVILLE FL 32606			83						-
				84 Cit	,			85 Z	p Code	-
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office or r	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the o	State of Florida, Such change	e was authorize	ea by the t	ned corpo orporation	pration submits this statement for the n's board of directors. I hereby accept	purpose of on the appoin	changing tment as	registered	
agent. I a		bligations of, Section our loc	ios, Florida Su	atutes.						
agent. I a SIGNATURE				atutes.						
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable.	(NOTE: Register	atutes.		when reinstating)	DATE			(g
SIGNATURE	Signature, typed or printed name of registere OFFICER		(NOTE: Register	atutes.			DATE		TORS IN 12	11,000
SIGNATURE 12. TITLE	Signature, typed or printed name of registers OFFICER:	ad agent and title if applicable. S AND DIRECTORS	(NOTE: Register	red Agent signa		when reinstating)	DATE	D DIREC	TORS IN 12	24 (44 000)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registers OFFICER: PVT CRIBB, ROY S	ed agent and title if applicable. S AND DIRECTORS	(NOTE: Register 13 .ETE 1.1	red Agent signa 3.	ure required	when reinstating)	DATE	D DIREC	TORS IN 12	7024 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registers OFFICER: PVT CRIBB, ROY S 4300 NW 23RD AVE. #415	ed agent and title if applicable. S AND DIRECTORS	(NOTE: Register 13 .ETE 1.1 1.2 1.3	red Agent signa 3. TITLE PAME	ure required	when reinstating)	DATE	D DIREC	TORS IN 12	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registers OFFICER: PVT CRIBB, ROY S 4300 NW 23RD AVE. #415	ed agent and title if applicable. S AND DIRECTORS	(NOTE: Register 12 ETE 1.1 1.2 1.3 1.4 ETE 2.1	red Agent signa 3. ITITLE NAME STREET ADDR	ure required	when reinstating)	DATE	D DIREC	TORS IN 12 pe ∏ Addition	70000
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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.

SIGNATURE: