

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90012 028 ***550.00

DOCUMENT # **P98000044427** ✓
Corporation Name
AMERICAN MASTER CRAFT STEEL BUILDINGS CORP.

Principal Place of Business
**4800 NORTH FEDERAL HIGHWAY #2018
BOCA RATON FL 33431**

Mailing Address
**4800 NORTH FEDERAL HIGHWAY #2018
BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/15/1998	
Suite, Apt. #, etc. 201 B		Suite, Apt. #, etc. 201 B		4. FEI Number 52-2104860	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOOKSTEIN, MERRILL A 4800 NORTH FEDERAL HIGHWAY #2018 BOCA RATON FL 33431		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL 33431	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. PSTD FRANK, LAWRENCE 4800 NORTH FEDERAL HIGHWAY #2018 BOCA RATON FL 33431 <input checked="" type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. PSTD SOPHIA FRANK 7840 SIADEN RD #275 BOCA RATON, FL 33434 <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. <input type="checkbox"/> DELETE		7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. <input type="checkbox"/> DELETE		8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. <input type="checkbox"/> DELETE		9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. <input type="checkbox"/> DELETE		10.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. <input type="checkbox"/> DELETE		11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. <input type="checkbox"/> DELETE		12.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 supplement to an 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **Sept 1, 1999** Daytime Phone #: **844-40-5657**

CR2E034 (1/98)