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**

DOCUMENT # P98000056764

1. Corporation Name

| KAC STE | EEL FABRICATIONS, INC. | | | | | | |
|----------------------------------|---|---|---|--------|------------------|--|--|
| Principal Place | of Business | Mailing Address | | | | | |
| 7506 N.W. 169T MIAMI FL 33015 | . = | 7506 N.W. 169TH TERR. MIAMI FL 33015 | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date incorporated or Qualifed 06/24/1998 | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | |
| 21 | | 26 | _ | | | 65-0843942 | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Fe | |
| . City & State | 9 | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5. | |
| Zip | Country | Zip | Cour 30 | itry | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| | 9. Name and Address of Curren | t Registered Agent | T | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name | | |
| HAM | | ŀ | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | 7506 N.W. 169TH TERR. | | | | | | |
| MIAN | | Ì | 83 | | | | |
| | | | 84 | City | FL 85 | | |
| office or n | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was a | authorized | by t | named che corpor | orporation submits this statement for the purpose of changin ation's board of directors. I hereby accept the appointment a | |
| SIGNATURE | | | | | 11 | uired when reinstating) DATE | |
| 40 | Signature, typed or printed name of registered age | ID DIRECTORS | 13. | Ageni | signature rec | tuired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRE | |
| 12. | D | DELETE | 1.1 TR | F | | □ Cha | |
| NAME | HAMILTON, KEITH L | | 1.2 NA | | | | |
| | 7506 N.W. 169TH TERR. | | | | ADDRESS | | |
| STREET ADDRESS | MIAMI FL 33015 | | | | | | |
| CITY ST 74D | INDERNITE SOUTS | | 1 4 CIT | Y - ST | ·/12 | | |

FILED Apr 14, 1999 8:00 am Secretary of State

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| | | • | | | 06/24/1998 | | | | |
|---|---|-----------------------------------|--|---|--|------------------|--|--|--|
| 2. Principal P | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | | | |
| 21 | | 26 | | - * | 65-0843942 | Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.7 | 5 Additional | | | |
| 22 | | 27 | | | 5. Certifcate of Status Desired Fe | e Required | | | |
| City & State | | City & State | | | 6. Election Campaign Financing 55. | 00 May Be | | | |
| 23 | | 28 | | | | ted to Fees | | | |
| Zip Country | | Zip | The state of the s | | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. ☐ Yes 1211 | | | | |
| | 9. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New Registered Agent | | | | | |
| | | | 81 | Name | | | | | |
| HAMILTON, KEITH L | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 7506 N.W. 169TH TERR. | | | 02 | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIAMI FL 33015 | | | 83 | | | | | | |
| | | | | | | - Conto | | | |
| | | | 84 | City | FL 85 | Zip Code | | | |
| 11. 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. | | | | | | | | | |
| = | m terraines with and accept the conge | 01, 000001, 007,10000, 1 1011 | | - | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE: | Registered Agen | t signature requi | ired when reinstating) DATE | | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRE | CTORS IN 12 | | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Cha | nge 🔲 Addition | | | |
| NAME | HAMILTON, KEITH L | • | 1.2 NAME | | | , | | | |
| STREET ADDRESS | TEACHING ACCTULATED | | | ADDRESS | | | | | |
| C(TY-ST-Z)P | MIAMI FL 33015 | | 1.4 CITY-S | T-ZIP | | • | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Cha | nge | | | |
| NAME | HAMILTON, CLAUDETTE D | | 2.2 NAME | | | } | | | |
| STREET ADDRESS | 7500 NW 400TH TEDD | | | ADDRESS | •. - | | | | |
| | MIAMI FL 33015 | • | 2, 4 CITY-S | į. | | Ì | | | |
| CITY-ST-ZIP | WILLIAM I E GOOTO | ☐ DELETE | 3,1 TITLE | | ☐ Cha | nge Addition | | | |
| | ! | — | 3.2 NAME | | | ĺ | | | |
| NAME | | | 3.3 STREET | ANNOESS | | Ĭ | | | |
| STREET ADDRESS | | | i | | | | | | |
| CITY-ST-ZIP TITLE | , <u></u> | . DELETE | 3.4. CITY-S | 1-41 | ☐ Cha | nge | | | |
| | · | L-4 5-2212 | 4.1 NAME | | | | | | |
| NAME | | | 4.2 NAME | LADODECC | | 1 | | | |
| STREET ADDRESS | | | | | | į | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY-S | 1•ZIP | ☐ Cha | nge 🗌 Addition | | | |
| TITLE | • | | 5.1 IIILE | | | | | | |
| NAME | | | 5.3 STREET | ADDESS | · | | | | |
| STREET ADDRESS | | | 1 | l l | | ļ | | | |
| CITY-\$T-ZIP | | | 5.4 CITY-S' 6.1 TITLE | I-ZIP | | nge Addition | | | |
| TITLE | | ☐ DELETE | | | . Udla | ilièe 🗀 Vooigoti | | | |
| NAME | Brown Committee | | 6.2 NAME | | | ì | | | |
| STREET ADDRESS | Kriss services | | 6.3 STREET | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY+\$1 | T+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.

CLAUdette