May 24, 1999 8:00 am Secretary of State

05-24-1999 90021 048 ***150.00

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 # P98000078168

1. Corporation Name

STEEL ENGINEERED DESIGN SYSTEMS, INC.

Principal Place	e of Business	Mailing Add	tress						
3650 UNION HILL ROAD 3650 UNION HILL ROAD									
BONIFAY FL 34	1225	BONIFAY FL 34225					DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							09/10/1998		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number Applied For		
21		26					59-3533091 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired 5. Service Status Desired Fee Required		
22 City & Stat	20	City & S	State		_		6. Election Campaign Financing \$5.00 May Be		
一 ,' '	i c	28	Jiaio				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country	v -		This corporation owes the current year Intangible		
24	25	29	30	¬ ′	•		Personal Property Tax. Yes No		
	9. Name and Address of Current			' '			10. Name and Address of New Registered Agent		
	at the state of th			81	1 1	Name			
AME	RILAWYER			82	1				
343	ALMERIA AVENUE					Street Addr	ress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				83	83				
	•								
				ļ .	84 City FL 85 Zip Code				
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such	change was auth	iorized by	y the	named corp e corporatio	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if annlicable	(NOTE: R	agistered Age	ent se	onature requires	ed when reinstating) DATE		
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		DELETE	1.1 TITLE			☐ Change ☐ Additi		
NAME	BIELINSKI, CHARLES R	IELINSKI, CHARLES R		1.2 NAME					
STREET ADDRESS	4050 1100001 1111 1 0040			1.3 STREE	ETAD	DDRESS			
CITY-ST-ZIP	BONIFAY FL 34225	30NIFAY FL 34225 1.4 a		1.4 CITY-5	ST-Zi	iP P			
TITLE	STD	D DELETE 2.1 Ti		2.1 TITLE			☐ Change ☐ Addit		
NAME	BIELINSKI, JULIE 22N		2.2 NAME						
STREET ADDRESS			2.3 STREE	ET AD	DDRESS				
CITY-ST-ZIP	BONIFAY FL 34225		2. 4 CITY-	ST-Z	ZIP)				
TITLE	VD □ DELETE 3.1 T		3.1 TITLE			☐ Change ☐ Additi			
NAME	BIELINSKI, JAMES RICHARD			3.2 NAME					
STREET ADDRESS 3650 UNION HILL ROAD			33 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	BONIFAY FL 34225			3.4. CITY-	ST-Z	ZIP			
TITLE			DELETE	4.1 TITLE			Change Addit		
NAME				4. 2 NAME	E				
STREET ADDRESS				4.3 STREE	ET AC	ODRESS			
CITY-ST-ZIP				4.4 CITY-5	ST-Z	IP			
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addit		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated on this annual report or supplied mental annual report is true and 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 of the receiver or trustee employed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like employered.

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

Change

☐ Addition

CRZE034 (11/98)