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 # P98000089800 1. Corporation Name

INTERCOASTAL STEEL SERVICE, INC.

	51 W 5 11
Principal Place of Business	Mailing Address
5245 CENTER STREET JUPITER FL 33458	5245 CENTER STREET JUPITER FL 33458

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90031 020 ***150.00



JUPITER FL 334	458	JUPITER FL 33458					DO NOT WRITE IN THIS SPACE									
								3. 1	Date Incorp	orate	d or Qualife	ed		<u> </u>		
								,	10/21/19	98						
2. Principal P	lace of Business				1	FEI Number		A071				Appli	ed For			
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23			Zip Country						Trust Fund						ed to	rees
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24	25	Address of Current F	29		30				Name and	<u> </u>	•	w Re	aistered			
	9. Marrie and A	Address of Current r	ragistara	u Agent	81	П	Name	14.	744110 4110				<u> </u>			
HAU	BNER, ANTHON	ΥJ				L										
5245 CENTER STREET					82	l	Street Addr	ress (P.	O. Box Nun	nber	s Not Acce	eptab	le)			
	TER FL 33458				83	╁										
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			_		84		City		· · · · · ·				FI	85 Z	ip Co	de
11 Dureuant	to the provisions o	f Sections 607.0502	and 607 1	508 Florida Statutes	the above	e-r	named corpo	oration	submits this	s stat	ement for t	he p	urpose 0	f changing	its re	gistered
office or r	enistered anent or	rhoth _in_the State of	Florida S	uch change was au	norizea ov	ŧΠ	e corporatio	on's boa	ard of direct	ors. I	hereby ac	cept	the appo	ointment as	regis	stered
agent. I a	m familiar with, an	carccept the obligation	ns or sec	XION 607.0005, FIORK	aa Statutes							_	مراد	laa		
SIGNATURE	Signature, yped or printe	d name registered ag at a	per little if appl	icable. (NOTE: F	Registered Age	nt s.	ignature required	d when rei	ninstating)				DATE	(7(-)		—— Ì
12.	1 /	OFFICERS AND			13.		<u> </u>	A	DDITIONS/	CHA	NGES TO	OFFI	CERS A	ND DIREC	TOR	S IN 12
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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 extrustee 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 adaction with an addless, with all other like empowered.

SIGNATURE: