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PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S50428** **(9)**

1. Corporation Name

STEELMASTER BUILDINGS CORP.

Principal Place of Business
6001 BROKEN SOUND BLVD.
SUITE 510
BOCA RATON FL 33487

Mailing Address
6001 BROKEN SOUND BLVD.
SUITE 510
BOCA RATON FL 33487

3. Date Incorporated or Qualified: 05/07/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0263934 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 2500 NORTH MILITARY
Suite, Apt. #, etc.
22 SUITE 400
City & State
23 BOCA RATON
Zip
24 33431
Country
25 USA

2a. Mailing Address
26 2500 NORTH MILITARY
Suite, Apt. #, etc.
27 SUITE 400
City & State
28 BOCA RATON
Zip
29 33431
Country
30 USA

9. **Name and Address of Current Registered Agent**

RACK GARY J.
~~6001 BROKEN SOUND PARKWAY~~
~~SUITE 510~~
~~BOCA RATON FL 33487~~

10. **Name and Address of New Registered Agent**

81 Name: GARY J. RACK
82 Street Address (P.O. Box Number is Not Acceptable): 2500 NORTH MILITARY TRAIL
83 SUITE 400
84 City: BOCA RATON FL 85 Zip Code: 33431

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.

SIGNATURE

12. OFFICERS AND DIRECTORS

Field	Value	
TITLE	PVST	[ ] DELETE
NAME	RACK, GARY J	
STREET ADDRESS	~~6001 BROKEN SOUND PARKWAY., SUITE 510~~	
CITY-ST-ZIP	~~BOCA RATON FL 33487~~	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
1 TITLE	PVST	[x] Change [ ] Addition
1 NAME	RACK, GARY J	
1 STREET ADDRESS	2500 NORTH MILITARY TRAIL STE 400	
1 CITY-ST-ZIP	BOCA RATON FL 33431	
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(i)(k), 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.

SIGNATURE: ____ 3-12-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

GARY J. RACK (407) 994-3100