

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

|   |   |  |
|---|---|--|
| CORPORATION<br>ANNUAL REPORT<br><del>1996</del> 1995 1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

FILED  
97 MAY -2 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |
|---|
| DOCUMENT # S96935 (9)                             |
| 1. Corporation Name<br>T & C STEEL ERECTORS, INC. |

|   |   |
|---|---|
| Principal Place of Business<br><del>6001 NW 52ND ST. 13111 N.W. 11th STREET</del><br><del>LAUDERHILL FL 33091</del> SUNRISE, FL 33323 | Mailing Address<br><del>6001 NW 52ND ST. 13111 N.W. 11th STREET</del><br><del>LAUDERHILL FL 33091</del> SUNRISE, FL 33323 |
|---|---|

DO NOT WRITE IN THIS SPACE.

|   |  |  |  |                             |                            |
|---|--|--|--|-----------------------------|----------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country | 3. Date Incorporated or Qualified<br>11/25/1991  | 3a. Date of Last Report<br>03/17/1994 1995 | 4. FEI Number<br>65-0304278 | Applied For<br>Not Applied |
|   |  | 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required             |                             |                            |
|   |  | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be Added to Fees                |                             |                            |
|   |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                             |                            |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>WEST, DAVID<br>6701 GREENE ST.<br>HOLLYWOOD FL 33024 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |  |
|--|---|--|--|
| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>WEST, JACKIE DAVID<br>6701 GREENE ST<br>HOLLYWOOD FL | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> A<br>500002173465--7<br>-05/09/97--01107--006<br>****185.00 ****185.00 <input type="checkbox"/> A |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ES<br>WEST, TINA MARIE<br>6701 GREENE ST<br>HOLLYWOOD FL  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> A   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>STALLONE, CARMELO<br>8631 NW 52 CT<br>LAUDERDALE FL | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> A<br>13111 N.W. 11th STREET<br>SUNRISE, FL 33323                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>STALLONE, CHERYL<br>6001 NW 52 CT<br>LAUDERHILL FL   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> A  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> A   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> A<br>JB-897   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 registered agent or the person 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE # \_\_\_\_\_ NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # 4-28-97