## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FAIRMONT RE-BAR FABRICATORS, INC.

Mailing Address

Principal Place of Business 317 N.E. 71ST STREET

C/O FRED K. LICKSTEIN, ESQUIRE

## **FILED** Apr 22 1998 8:00am Secretary of State



MIAMI FL 33138		#1200 201 ALHAMBRA CIRCLE CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE
		OOMAL ORDERS TO GOT	V1		3. Date Incorporated or Qualified
					07/10/1992
2. Principal P	lace of Business	2a. Mailing Address	Fred K	Lickston	FEI Number Applied For
21		26 FOWLER.	WHITE	' ET AL	65-0346587 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27 /00 SE 2ND ST- 17 FL		746 FL	Sectificate of Status Desired
City & State		City & State		<u>, , ,</u>	Election Campaign Financing \$5.00 May Be
23	•	28 MIAM 1	プル		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29 33131	30 4	SA	Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
LIC	X <b>STE</b> IN, FRED K		81		RABO K. LICKSTEIN
#1200*201 ALHAMBRA CIRCLE 82 Str				Street Addre	ess (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134					100 SE 2ND ST - 1719 PL
	<u>.</u>		83		Minm, FL 33131
	•		84	City	Miam, FL 33/3/
			1	/	FL
11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registriced age	nl and tria if sonl cable (NO)	If Registered Age	eniuper equire	od when reinstating) DA1E
12.	OFFICERS AND		13.	are agradate to quite	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	ANDERSON, NORMAN	<del></del>	1.2 NAME		
STREET ADDRESS	317 N.E. 71ST STREET		1.3 STREET	ADORESS	
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY - S	1	
TITLE	V	DELETE	2.1 TITLE	11-411	☐ Change ☐ Addition
NAME	WILLARD, NEIL		2.2 NAME		
STREET ADDRESS	\$17 N.E. 71ST STREET		2,3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138		2. 4 CITY-		
TITLE	V	DELETE	3.1 TITLE		Change Addition
NAME ]	SMITH JR, KENNETH M 32 NA		3.2 NAME		
STREET ADDRESS	317 N.E. 71ST STREET		3.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138		3,4. CiTY-	ST-7/P	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME	Ì	
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4,4 CiTY-S	T - 7(P	<i>j</i> /
TITLE		DELETE	5.1 TITLE		☐ Cylarge ☐ Addition
NAME			5.2 NAME		$\mathcal{M}_{-1}$
STREET ADDRESS			5.3 STREET	ADDRESS	✓//\ /// ¬ ¬
CITY-ST-ZIP			5.4 CITY - S	1	111718
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		200002497162 Addition -04/23/9801002011
STREET ADDRESS			6.3 STREET	ADDRESS	-04/23/35~~01002~~011 ***150.00
CITY-ST-ZIP			6.4 CITY - S		本本本手の行。行位
	netify that the information outsided up	th this filing doos not qualify t			Section 110 07/3/(i) Florida Statutes I further certify that the information

Indicated on this annual report or supplied with an similing does not quanty for the exemption stated in Section 119.07(3)(1), 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 open attacts that my name address.