## 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 # V52386

(2)

MCD FABRICATORS & ERECTORS, INC.

**FILED** 

Jan 23 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	

106 E. MYRTLE ST. P O BOX 695 APOPKA FL 32703 APOPKA FL 32704-0695 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/20/1992				
Principal Pl	ace of Business	2a, Mailing Address			a EEt Noorboo		oplied For
21 970	Occe-Ameli	26 970 mee	- Ary	pla R	59-3206560		ot Applicable
Suite, Apt. :	بهمر ا	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State		28 Apopka	FL		Election Campaign Financing     Trust Fund Contribution		May Be I to Fees
24 <b>32.1</b> 0	3 25 Orange	7 <sup>(p)</sup> 29 <b>32</b> 703 3(	Country	ime	This corporation owes or has paid the curre     Personal Property Tax due June 30.		ntangible No
	9. Name and Address of Current R	registered Agent		<del>,</del>	<ol><li>Name and Address of New Registered A</li></ol>	gent	
CO(	OPER, MICHAEL R.		81	Name			
452	SONGBIRD WAY OPKA FL 32712		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
			83				
			84	'	FL	1 1 '	Code
office or re	to the provisions of Sections 607 0502 a agistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut	horized b	y the corpor	rporation submits this statement for the purpose of a ation's board of directors. I hereby accept the appo	changing intment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered agent a	nd tile if applicable (NOTE: B	legistered Ag	ent signature req	ukrod when reinstating) DATE		
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DFLET <b>É</b>	1.1 TITLE		ι	Change	Addition
NAME	COOPER, MICHAEL R.		1.2 NAME				
STREET ADDRESS	452 SONGBIRD WAY		1.3 STREE	ADDRESS			
CITY-ST-ZIP	APOPKA FL		1.4 CITY- 8	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		L	Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		L_] DELETE	3.1 TITLE		l	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		<del></del>	
TITLE		DELETE	4.1 TITLE		l	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	31 - 21P			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 CITY - 5	ST-ZIP			·-·-
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP	(	)	6.4 CITY - 5				
44 Lhereby C	ertify that the information supplied with	this fying does not qualify for t	ne exemr	tion stated i	in Section 119.07(3)(i), Florida Statutes. I further cer	lify that th	e information
indicated officer or o	on this annual report or supplemental a director of the corpolation or the receive	onual report is true and accirr	ato and tr	ar my siona	ture shall have the same legal effect as if made und quired by Chapter 607, Florida Statutes; and that m	er bain: ii	nariam an