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 # F9700006482

AMERICAN POLYSTEEL, INC.

| , into bear into or examined | |
|------------------------------|--|
| 5150F EDITH, N.E. | |
| ALBEQUERQUE NM 87107 | |

Prin

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90114 027 ***150.00



| | | | | | | | 4118 81111 8187 | 41 (81)8 (18) (88) | |
|---|---|---------------|--------------------------|------------------------------|--|--|----------------------------|----------------------------|--|
| Principal Place of Business Mailing Address | | | | | | T SANTOR THE COLOR COMP. COLOR | | | |
| 5150F EDITH, N.E. 5150F EDITH, N.E. ALBEQUERQUE NM 87107 ALBEQUERQUE NM 87107 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 12/08/1997 | | | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | A | Applied For | | |
| 26 | | | | 85-0339786 Not Applie | | | lot Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | \$8.75 Addition | | | | | |
| 22 | | | 7 | | | 5. Certificate of Status Desired Fee Required | | | |
| City & State | | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| Zip | Country | 28 | Zip | Country | , | 8. This corporation owes the current year Inta | angible | 1.40 | |
| 24 | 25 | 29 | 30 | า ์ | | Personal Property Tax. | Yes | □No | |
| | 9. Name and Address of Cui | | | -1 T | | 10. Name and Address of New Registered | Agent | | |
| | | | | 81 | Name | <u> </u> | | | |
| IRELAND, LEONARD E JR | | | | | and the second s | | | | |
| 111 SE FIRST AVE GAINESVILLE FL 32601 | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | 83 | | | | | |
| | | | | | | | | | |
| | | | | 84 | , | FL | | Code | |
| office or r | to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob | ate of Florid | ia. Such change was auth | iorized by | the corpora | rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin | changing it ntment as r | s registered registered | |
| SIGNATURE | | | | | | pad what reinstation) DATE | | | |
| | Signature, typed or printed name of registered | | | gistered Age | nt signature requ | ned when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | D DIRECT | ORS IN 12 | |
| 12. | OFFICERS | AND DIRE | DELETE | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OTT IDERS AN | Change | | |
| TITLE | CP | | ₩ DELETE | | | | | | |
| NAME | BERRENBERG, JOHN L | | | 1.2 NAME | | | | | |
| STREET ADDRESS | | NE | | | TADDRESS | | | | |
| CITY-ST-ZIP | ALBEQUERQUE NM 87111 | | | 1.4 CITY-5 | ST-ZIP | | Change | Addition | |
| TITLE | SD | | ☐ DELETE | 2.1 TITLE | | | | , Madilloti | |
| NAME | Berrenberg, Terri W | | | 2.2 NAME | | | | | |
| STREET ADDRESS | 13620 DEER TRAIL PLACE I | NE | | 2.3 STREE | T ADORESS | | | | |
| | | | | | | | | | |

TITLE NAME STRE CITY-TITLE NAME STRE ALBEQUERQUE NM 87111 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP 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 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 with all other like empowered.

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