

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

**FILED**  
**Mar 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 666934**  
 1. Corporation Name  
**GULF COAST METALS CO., INC.**

**(5)**



Principal Place of Business: **6912 E 9TH AVENUE TAMPA FL 33619**  
 Mailing Address: **6912 E 9TH AVENUE TAMPA FL 33619-3369**

3. Date Incorporated or Qualified: **04/16/1980**  
 3a. Date of Last Report: **04/19/1996**  
 4. FEI Number: **59-2004308**  
 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. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip  
 24. Country  
 25. Country

2a. Mailing Address:  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip  
 29. Country  
 30. Country

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

**LEVANT, LEE A.  
 6912 E. 9TH AVENUE  
 TAMPA FL 33619**

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

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code **FL**

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**

Signature of the current registered agent and Director, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVANT, LEE A</b>	
STREET ADDRESS	<b>6912 E 9TH AVENUE</b>	
CITY - ST - ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVANT, RUTH</b>	
STREET ADDRESS	<b>6912 E. 9TH AVENUE</b>	
CITY - ST - ZIP	<b>TAMPA, FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, changed, or on an attachment with an address.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/97** **(813) 626-5443**  
 DATE DAYTIME PHONE #

CR2E034 (9/96)