

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

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**Feb 04 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 # F96000003562 (3)

1. Corporation Name
FRY'S METALS INC.



Principal Place of Business % COOKSON AMERICA 1 COOKSON PL PROVIDENCE RI 02903	Mailing Address % COOKSON AMERICA 1 COOKSON PL PROVIDENCE RI 02903-1759
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3. Date Incorporated or Qualified 07/11/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
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4. FEI Number 08-1008504	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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22. City & State	27. City & State
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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23. Zip	Country	28. Zip	Country
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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24. Zip	Country	29. Zip	Country
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9. Name and Address of Current Registered Agent
**ANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY #300
PALM BCH FL 33480**

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

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTER, RICHARD	1.2 NAME	
STREET ADDRESS	% COOKSON AMERICA, 1 COOKSON PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, STEVEN L	2.2 NAME	Stephen
STREET ADDRESS	% COOKSON AMERICA, 1 COOKSON PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARCIERI, DONALD L	3.2 NAME	
STREET ADDRESS	% COOKSON AMERICA, 1 COOKSON PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPOLA, VICTOR L	4.2 NAME	
STREET ADDRESS	% COOKSON AMERICA, 1 COOKSON PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRY, ROBERT R	5.2 NAME	
STREET ADDRESS	% COOKSON AMERICA, 1 COOKSON PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, STAURT L	6.2 NAME	
STREET ADDRESS	% COOKSON AMERICA, 1 COOKSON PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI 02903	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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)