

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H03457 (9)

1. Corporation Name
SPECIALTY METALS, INC.



Principal Place of Business: **% CHARLES A. COPLEY
6433 EDGEWATER DR
ORLANDO FL 32810-1203**

Mailing Address: **% CHARLES A. COPLEY
6433 EDGEWATER DR
ORLANDO FL 32810-1203**

3. Date Incorporated or Qualified: **05/09/1984**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-2443440**

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 Country 24

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

9. Name and Address of Current Registered Agent: **COPLEY, CHARLES A.
6433 EDGEWATER DR
ORLANDO FL 32810**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **P** DELETE
NAME: **COPLEY, CHARLES A**
STREET ADDRESS: **1157 VALLEY CREEK RUN**
CITY-ST-ZIP: **WINTER PARK FL**

TITLE: **P** DELETE
NAME: **COPLEY, CHARLES A.**
STREET ADDRESS: **3213 BLACK PINE AVE.**
CITY-ST-ZIP: **WINTER PARK FL**

TITLE: **TS** DELETE
NAME: **HALLIDAY, ROSEMARY**
STREET ADDRESS: **1868 EAGLES REST DR**
CITY-ST-ZIP: **APOPKA FL**

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **D/V** Change Addition
1.2 NAME: **HALLIDAY, DOUGLAS G**
1.3 STREET ADDRESS: **4050 GOLFSIDE DR**
1.4 CITY-ST-ZIP: **ORLANDO FL**

2.1 TITLE: Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: _____
2.4 CITY-ST-ZIP: _____

3.1 TITLE: Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: _____
3.4 CITY-ST-ZIP: _____

4.1 TITLE: Change Addition
4.2 NAME: _____
4.3 STREET ADDRESS: _____
4.4 CITY-ST-ZIP: _____

5.1 TITLE: Change Addition
5.2 NAME: _____
5.3 STREET ADDRESS: _____
5.4 CITY-ST-ZIP: _____

6.1 TITLE: Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Charles A. Copley** *Charles A. Copley* 4-03-95 (407) 299-6853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date, Day, Month, Year

CR2E034 (12/95)