

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K65425 (6)

1. Corporation Name
ATLAS IRON PROCESSORS, INC.

FILED
95 JAN 25 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8550 AETNA ROAD CLEVELAND OH 44105

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/14/1989		02/15/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		34-1614651		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution			
				<input type="checkbox"/> Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAPONARO, JOSEPH M. 3700 NW NORTH RIVER DR. MIAMI FL 33142				81 Name CT CORPORATION SYSTEM			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD.			
				83 PLANTATION, FL 33324			
				84 City FL 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.

C T Corporation System **1/19/95**

SIGNATURE: *Joseph M. Saponaro* **Asst. Secretary** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, ANTHONY, SR.	1.2 NAME	
STREET ADDRESS	8550 AETNA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, ANTHONY, JR.	2.2 NAME	
STREET ADDRESS	8550 AETNA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, DAVID	3.2 NAME	
STREET ADDRESS	8550 AETNA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPONARO, MONICA	4.2 NAME	
STREET ADDRESS	8550 AETNA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	4.4 CITY-ST-ZIP	
TITLE	O	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORIN, ROBERT A.	5.2 NAME	
STREET ADDRESS	8550 AETNA RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPONARO, JOSEPH, M	6.2 NAME	
STREET ADDRESS	8550 AETNA RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	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 118.07(3)(b), Florida Statutes. I further certify that the information included 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 a 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, as appropriate, or an immediate attachment with my address.

SIGNATURE: *Robert A. Sorin* **1-16-95**

DATE: **1-16-95**

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert A. Sorin, C.F.O.**