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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028182 (9)

## **FILED** Feb 09 1998 8:00am Secretary of State

| SCRAP METAL RECYCLING INC.   |  |                                      |   |   |
|--|--|--------------------------------------|---|---|
| Principal Place of Business  | Mailing Address                        |                                      | 1   1   2   1   1   1   1   1   1   1               | E DOUND HOUDT HOTHE LEDDY FORTE HOLY 1801 |
| 840 NW 12 TER  | 840 NW 12 TER                          |                                      |   |   |
| POMPANO BEACH FL 33069 POMPANO BEACH FL 33   |  | 33069                                | DO NOT WITH IN                                      | THE COACE                                 |
|  |  |                                      | DO NOT WRITE IN                                     | THIS SPACE                                |
|  |  |                                      | 3, Date Incorporated or Qualified                   |   |
| o Division Disease Division  | 2a. Mailing Address                    |                                      | 03/29/1996<br>4. FEt Number                         | Applied For                               |
| 2. Principal Place of Business   | <u> </u>                               |                                      | L "   | Not Applicable                            |
| Suite, Apt. #, etc.  | Suite, Apt. #, elc.                    |                                      | 65-0661118  | \$8.75 Additional                         |
| <del>_</del>   | 27                                     |                                      | 5. Certificate of Status Desired                    | Fee Required                              |
| City & State   | City & State                           |                                      | 6. Election Campaign Financing                      | \$5.00 May Be                             |
| 23   | 28                                     |                                      | Trust Fund Contribution                             | Added to Fees                             |
| Zip Country  | 7 <sub>(P)</sub>                       | Country                              | 8. This corporation owes or has paid                |   |
| 24 25  | 29                                     | 30                                   | Personal Property Tax due June 30                   |   |
| g. Name and Address of Current   | <del> </del>                           | 1-2-1.                               | 10. Name and Address of New Regis                   | tered Agent                               |
| BUZZO, FRANK E   |  | 81 Nan                               | ne  |   |
| 840 NW 12 TER  |  | <b>82</b> Stre                       | et Address (P.O. Box Number is Not Acceptable       |   |
| POMPANO BEACH FL 33069   |  | 02 308                               | el Address (F.O. Box Number is Not Acceptable,      |   |
| POMPARO DEACHTE 55008  |  | 83                                   |   |   |
|  |  |                                      | ,   |   |
|  |  | 84 City                              |   | FL 85 Zip Code                            |
| 11 Pursuant to the provisions of Sections 607 0502   | and 607.1508. Florida Statut           | es the above-name                    | ed corporation submits this statement for the pur   |   |
| 11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga | of Florida, Such change was            | authorized by the c                  | corporation's board of directors. I hereby accept t | he appointment as registered              |
| agent. I am ramiliar with, and accept the obliga   | iions or, aection ou <i>r</i> loods, m | unua statutes.                       |   |   |
| SIGNATURE Signature, typed or printed name of registered agen  | Lond title 8 analicable (NOI           | F: Hegistered Agent signs            | sture required when reinstating)                    | DATE                                      |
| 12. OFFICERS AND   |  | 13.                                  | ADDITIONS/CHANGES TO OFFICER                        | RS AND DIRECTORS IN 12                    |
| TITLE PD   | ☐ DELETE                               | 1.1 TITLE                            |   | Change Addition                           |
| NAME BUZZO, FRANK E  |  | 1.2 NAME                             |   |   |
| STREET ADDRESS 1561 NE 32 CT   |  | 1.3 STREET ADDRES                    | ss  |   |
| CITY-ST-ZIP POMPANO BEACH FL 33064   | ļ                                      | 1.4 CITY - ST - ZIP                  |   | <u> </u>                                  |
| TITLE SD   | DELETE                                 | 2.1 TITLE                            | STD   | Change Addition                           |
| NAME BUZZO, BARBARA  |  | 2.2 NAME                             | BUZZO, BARBARA                                      |   |
| STREET ADDRESS 1561 NE 32 CT   |  | 2.3 STREET ADDRES                    | · •   |   |
| CITY-ST-ZIP POMPANO BEACH FL 33064   | ļ                                      | 2. 4 CITY - \$1 - ZIP                | POMPANO BEACH FL 33                                 | 3064                                      |
| TITLE VD   | DELETE                                 | 3.1 TITLE                            | POMPANO DEACH PD J.                                 | Change Addition                           |
| NAME WALTON, JAMES W   |  | 3.2 NAME                             |   |   |
| STREET ADDRESS 6731 N.W. 21ST TERRACE  |  | 3.3 STREET ADDRES                    | ss  |   |
| CITY-ST-ZIP FT. LAUDERDALE FL 33309  |  | 3,4. CITY - ST - ZIP                 |   |   |
| TITLE TD   | X DELETE                               | 4.1 TITLE                            |   | Change Addition                           |
| NAME WALTON, CATHERINE A   |  | 4. 2 NAME                            |   |   |
| STREET ADDRESS 6731 N.W. 21ST TERRACE  |  | 4.3 STREET ADDRES                    | ss  |   |
| CITY-ST-ZIP FT. LAUDERDALE FL 33309  |  | 4.4 CITY - \$1 - ZIP                 |   |   |
| TITLE  | DELETE                                 | 5.1 TITLE                            |   | Change Addition                           |
| NAME   |  | 5.2 NAME                             |   |   |
| STREET ADDRESS   |  | 5.3 STREET ADDRES                    | ss  |   |
| CITY-ST-ZIP  |  | 5.4 CITY-ST-ZIP                      |   |   |
| TITLE  | DELETE                                 | 6.1 TITLE                            |   | Change Addition                           |
| NAME   | <del></del> -                          | 6.2 NAME                             |   |   |
|  |  | <b>1</b>                             | 1   | •   |
|  |  | 6.3 STREET ADDRES                    | SS  | 1   |
| STREET ADDRESS CITY-ST-ZIP   |  | 6.3 STREET ADDRES<br>6.4 CITY-ST-ZIP | SS  |   |

ion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment with an apdress.