

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 208121 (4)

1. Corporation Name

PIONEER METALS OF WEST PALM BEACH INC 63



Principal Place of Business

2406 FLORIDA AVE  
W PALM BCH FL 33401  
US

Mailing Address

3611 NW 74TH ST  
MIAMI FL 33147-5827  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HEGAMYER, WILLIAM H  
511 N. MASHTA DRIVE  
KEY BISCAYNE FL

3. Date Incorporated or Qualified

12/09/1957

3a. Date of Last Report

02/06/1995

4. FEI Number

59-0829889

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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.

SIGNATURE

Signature type for printed name of registered agent and the applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME HEGAMYER, W H  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY-STATE-ZIP KEY BISCAYNE FL 33149

12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

TITLE VD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME HEGAMYER, L K  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY-STATE-ZIP KEY BISCAYNE FL 33149

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

TITLE T ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ROBINSON, CHARLES V  
STREET ADDRESS 1550 NE 123 ST, N-307  
CITY-STATE-ZIP N MIAMI FL 33161

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE SD ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME HEGAMYER, K L  
STREET ADDRESS 261 GREENWOOD DR.  
CITY-STATE-ZIP KEY BISCAYNE FL 33149

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE VD ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME MARTY, D C  
STREET ADDRESS 7850 SW 67 TERRACE  
CITY-STATE-ZIP MIAMI FL 33143

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE VD ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME HINCKLEY, H D  
STREET ADDRESS 6065 ROLLING RD DR  
CITY-STATE-ZIP MIAMI FL 33156

62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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 in checked, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Hegamyer

1/25/96

Date

305-696-0830

Daytime Phone #

CR2E034 (12/95)