

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

FILED  
Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **208121** (4)

1. Corporation Name  
**PIONEER METALS OF WEST PALM BEACH INC**

Principal Place of Business  
**2406 FLORIDA AVE  
W PALM BCH FL 33401  
US**

Mailing Address  
**3611 NW 74TH ST  
MIAMI FL 33147-5827  
US**



3. Date Incorporated or Qualified  
**12/09/1957**

3a. Date of Last Report  
**02/28/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-0829889**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if 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  
NAME **HEGAMYER, W H**  
STREET ADDRESS **511 N. MASHTA DRIVE**  
CITY - ST - ZIP **KEY BISCAYNE FL 33149**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE  
NAME **HEGAMYER, L K**  
STREET ADDRESS **511 N. MASHTA DRIVE**  
CITY - ST - ZIP **KEY BISCAYNE FL 33149**

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

TITLE **T** ☐ DELETE  
NAME **ROBINSON, CHARLES V**  
STREET ADDRESS **1550 NE 123 ST, N-307**  
CITY - ST - ZIP **N MIAMI FL 33161**

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

TITLE **SD** ☐ DELETE  
NAME **HEGAMYER, K L**  
STREET ADDRESS **281 GREENWOOD DR.**  
CITY - ST - ZIP **KEY BISCAYNE FL 33149**

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

TITLE **VD** ☐ DELETE  
NAME **MARTY, D C**  
STREET ADDRESS **7845 SW 67TH TERRACE**  
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE  
NAME **HINCKLEY, H D**  
STREET ADDRESS **8065 ROLLING RD DR**  
CITY - ST - ZIP **MIAMI FL 33158**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)