

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90729 041 ***150.00

DOCUMENT # 311752

1. Entity Name
ALRO METALS SERVICE CENTER CORP.



Principal Place of Business
**6200 PARK OF COMMERCE BLVD.
P O BOX 3031
BOCA RATON, FL 33431-0031**

Mailing Address
**6200 PARK OF COMMERCE BLVD.
P O BOX 3031
BOCA RATON, FL 33431-0031**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1155721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLICK, BARRY
6200 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
GLICK, ALVIN
6200 PK OF COMM BLVD
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GLICK, BARRY
6200 PK OF COMM BLVD
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
GLICK, CARL
6200 PK OF COMM BLVD
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SELLA, DANIEL
6200 PK OF COMM BLVD.
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl L. Sella*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04
Date

Daytime Phone #