

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 405960 (6)

1. Corporation Name

CUSTOM METAL DESIGNS, INC



Principal Place of Business

17316 STATE HWY. 438
BOX 771034
WINTER GARDEN FL 34777-8034

Mailing Address

17316 STATE HWY. 438
BOX 771034
WINTER GARDEN FL 34777-8034

2. Principal Place of Business

21 921 W. Oakland Ave

Suite, Apt. #, etc.

22

City & State

23 Oakland FL

Zip

24 34760

Country

25 USA

2a. Mailing Address

26 P.O. Box 771034

Suite, Apt. #, etc.

27

City & State

28 Winter Garden FL

Zip

29 34777-1034

Country

30 USA

3. Date Incorporated or Qualified

07/31/1972

3a. Date of Last Report

03/14/1995

4. FEI Number

59-1410239

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

9. Name and Address of Current Registered Agent

GRIMES, SAUL
1016 HULL ISLAND DRIVE
WINTER GARDEN FL 34787

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GRIMES, SAUL
STREET ADDRESS 1016 HULL ISLAND DRIVE
CITY-ST-ZIP WINTER GARDEN FL

TITLE VPD ☐ DELETE

NAME LEVINS, DAVID
STREET ADDRESS 400-7C ORLANDO AVE.
CITY-ST-ZIP OCOEE FL

TITLE STD ☐ DELETE

NAME GRIMES, ANN
STREET ADDRESS 1016 HULL ISLAND DRIVE
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)