

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

FILED  
Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 551690 (1)**  
 1. Corporation Name:  
**SURPLUS STEEL AND SUPPLY, INC.**

Principal Place of Business <b>ORANGE COUNTY INDUSTRIAL PARK</b> <b>P.O. BOX 807876</b> <b>ORLANDO FL 32880-4976</b>	Mailing Address <b>ORANGE COUNTY INDUSTRIAL PARK</b> <b>P.O. BOX 807876</b> <b>ORLANDO FL 32880-7976</b> <b>US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/10/1977</b>	3a. Date of Last Report <b>03/05/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1953523</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GOLDMAN, STEVEN M.</b> <b>1480 SHELLMOUND RD.</b> <b>ENTERPRISE FL 32725</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	1501 THE OAKS		1.2 NAME		
STREET ADDRESS	MATLAND FL		1.3 STREET ADDRESS		
CITY - ST - ZIP			1.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	GOLDMAN, STEVEN M.		2.2 NAME		
STREET ADDRESS	1480 SHELLMOUND RD.		2.3 STREET ADDRESS		
CITY - ST - ZIP	ENTERPRISE FL		2.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	ROBERTS, LYNN		3.2 NAME		
STREET ADDRESS	3171 S WINDCHIME CIRCLE		3.3 STREET ADDRESS		
CITY - ST - ZIP	APOPKA FL		3.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	CHIU, ERIC W-K		4.2 NAME		
STREET ADDRESS	2156 MAJESTIC WOODS BLVD		4.3 STREET ADDRESS		
CITY - ST - ZIP	APOPKA FL		4.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE	NAME	DELETED	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 checked, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/1/97 (407) 293-5788

CR2E034 (9/96)