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PROFIT CORPÜRATION ÄNNUAL REPORT

1996



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

Amerdey

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 27 PM 12: 32

DOCUMENT # 573217

1. Corporation Name

ALL METALS SERVICE & WAREHOUSING, INC.

Principal Place of Business

Mailing Address

passer i manife.	O Dusiness	Walling Moon	033						
848 Dam	mar Drive, N.E.								
Mariett	ta, GA 30062					3. Date incorporated or Qualifie 5/12/78		of Last F	Report
2. Principal Pla	ace of Business	2a. Mailing A	ddress	***		4. FEI Number			Applied For
1		26				59-1821671			Not Applicab
Suite. Apt #	#. etc	Suite, Apt	t. #, etc.				[X]	\$8.7	Additional
22	. 5.5	27				5. Certificate of Status Desired	L£Osi	Fee	Required
City & State	}	City & Sta	ate			6. Election Campaign Financing	g	\$5.0	0 May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zφ	Country	Zip		Coun	try	8. This corporation has liability		tax unde	r s. 199.032.
24	25	29		30		Florida Statutes Ye	es No		
	9. Name and Address of Current	Registered Age	nt			10. Name and Address of New	Registered	Agent	
					Name				
CT Corp	poration System				32 Street A	Address (P.O. Box Number is Not Acce	otable)		
1200 S.	Pine Island Road				0.00.7				
Plantat	tion, FL 33324			1	33				
				-	NA 0''			OF 7	p Code
				1	B4 City		FL	65 Z	ip code
11. Pursuant to	o the provisions of Sections 607.0502	and 607_1508. F.	Jorida Statute	satine abo	ove-named o	corporation submits this statement for ti	he purpose of	changin	g its registere
office or re	egistereo agent or both, in the State o	f Flor@ONN	Enda Max	danized	by the corp	corporation submits this statement for the coration's board of directors. I hereby actions	scept the app	ointment	as registered
agentian	m familiar with, and accept the obligati	IN COLCIN	F Veelco	IANT	MECHET 1	417		12/27	il AL
0.04.47								16161	CIO
SIGNATURE _	Come Buy		(N/OTE			and und ut as teintleuns	DATE		
	Signature Typed or printed name of register (Carge AND		(NOTE	Registered		required when reinstating) ADDITIONS/CHANGES TO O	DATE FEICERS AND	DIRECT	OBS IN 12
12.	OFFICERS AND	DIRECTORS		flegistered .	Agent signature r	required when reinstating) ADDITIONS/CHANGES TO O		DIRECT	
12.	D OFFICERS AND	DIRECTORS	(NOTE	Registered a	Agon: signature r				
12. TITLE NAME	D Tomlinson, John L.	DIRECTORS L] DELÉTÉ	Hegistered at 13.	Agon: signature r LE ME				
12. THILE NAME STREET ADDRESS	D Tomlinson, John L. 500 W. Cypress Cree	DIRECTORS L k Rd., St] DELÉTÉ	13. 1 1 TITI 1 2 NAM 1.3 STR	Agon: signature r LE ME EET ADDRESS				
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tomlinson, John L. 500 W. Cypress Cree Ft. Lauderdale, FL	DIRECTORS L k Rd., St 33309	DELETE	13. 1 1 TITI 1 2 NAM 1.3 STR 1 4 CITY	Agon: signature r LE ME EET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO O	FFICERS AND	Chang	ge Additio
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i. 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 path; 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:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

12/24/96 Date 770 - 421 - 6680 Dayline Phone #

X 239