

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

Amerdey

PROFIT CORPORATION ANNUAL REPORT 1996



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

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 848 Damar Drive, N.E.
Mailing Address Marietta, GA 30062

3. Date incorporated or Qualified 5/12/78	3a. Date of Last Report 1/25/95
4. FEI Number 59-1821671	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324	81 Name 82 Street Address (P O. Box Number is Not Acceptable) 83 84 City 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, and the undersigned, CONNIE BRYAN, 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 607.1508, Florida Statutes.
SIGNATURE: *Connie Bryan* SPECIAL ASSISTANT SECRETARY DATE: 12/27/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tomlinson, John L.	12 NAME	
STREET ADDRESS	500 W. Cypress Creek Rd., Ste 455	13 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	14 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dill, John E.	22 NAME	000002049430--8
STREET ADDRESS	848 Damar Road, N.E.	23 STREET ADDRESS	-01/07/97--01172--007
CITY-ST-ZIP	Marietta, GA 30062	24 CITY-ST-ZIP	****208.75 ****208.75
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cezeaux, Philip	32 NAME	
STREET ADDRESS	2211 Norfolk St., Ste 737 (PO Box 980909)	33 STREET ADDRESS	
CITY-ST-ZIP	Houston, TX 77098-0909	34 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simon, Harry M.	42 NAME	
STREET ADDRESS	INDUSTRIESTR 180, 50999 KOLN	43 STREET ADDRESS	
CITY-ST-ZIP	RODENKIRCHEN, GERMANY	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schuster, Hans	52 NAME	
STREET ADDRESS	OBERLANDER UFER 192, 50968 KOLN	53 STREET ADDRESS	
CITY-ST-ZIP	MARIENBURG, GERMANY	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giambrone, Timothy	62 NAME	
STREET ADDRESS	848 Damar Drive, N.E.	63 STREET ADDRESS	
CITY-ST-ZIP	Marietta, GA 30062	64 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 on an attachment with an address.

SIGNATURE: *X 2 P M* **12/28/96** **770-421-6680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
X 239

CR2E034 (12/95)