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Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 576812 (2)
1. Corporation Name
J. & F. SCRAP PROCESSORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9380-67 ST NORTH P.O. BOX 767 PINELLAS PARK FL 33782 US		Mailing Address 9380-67 ST NORTH P.O. BOX 767 PINELLAS PARK FL 34664 33780	
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
g. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 E KENNEDY BLVD, STE 1700 TAMPA FL 33602		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		FL	
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDST (Assoc. Pres)	1.1 TITLE	
NAME	SALAS, JOSE III	1.2 NAME	
STREET ADDRESS	2007 21ST STREET, WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	
NAME	SALAS, FLORENCE	2.2 NAME	
STREET ADDRESS	14536 MARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	DVAS	3.1 TITLE	
NAME	SALAS, JOHN	3.2 NAME	
STREET ADDRESS	13298-82ND AVE. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	
NAME	SASSER, PATRICIA A.	4.2 NAME	
STREET ADDRESS	1149 BREEZE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

[Signature]

2-11-98

CR2E034 (10/97)