


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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 597687 (3) 1. Corporation Name ORLANDO ART METAL, INC.					
Principal Place of Business 7720 HIGHWAY 100 P.O. BOX #885 KEYSTONE HEIGHTS FL 32656			Mailing Address 7720 HIGHWAY 100 P.O. BOX #885 KEYSTONE HEIGHTS FL 32656-0885		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/18/1978 3a. Date of Last Report 02/09/1996 4. FEI Number 59-1877249 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent MATTHEWS, ROBERT S. HWY 100, P. O. BOX 885 KEYSTONE HEIGHTS, FL MH 32656				10. Name and Address of New Registered Agent 81 Name MARY C. MATTHEWS 82 Street Address (P.O. Box Number is Not Acceptable) 83 7720 HIGHWAY 100 EAST 84 City KEYSTONE HEIGHTS FL 85 Zip Code 32656	
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 MARY C. MATTHEWS DATE 3-10-97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PSD NAME MATTHEWS, ROBERT S. STREET ADDRESS 7720 HWY 100, BOX 885 CITY-ST-ZIP KEYSTONE HIGHTS FL <input checked="" type="checkbox"/> DELETE			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME MATTHEWS, MARY C. STREET ADDRESS 7720 HWY 100, BOX 885 CITY-ST-ZIP KEYSTONE HIGHTS FL <input type="checkbox"/> DELETE			2.1 TITLE PRESIDENT & DIRECTOR 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE TD NAME MATTHEWS, BARBARA J. STREET ADDRESS 7720 HWY 100, BOX 885 CITY-ST-ZIP KEYSTONE HIGHTS FL <input type="checkbox"/> DELETE			3.1 TITLE VICE PRESIDENT 3.2 NAME TREASURER & DIRECTOR 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE SECRETARY & DIRECTOR 4.2 NAME BETTY MARNETTE 4.3 STREET ADDRESS 13607 S.E. 9TH PLACE 4.4 CITY-ST-ZIP GRAINESVILLE, FLA 32641 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 changed, or on an attachment with an address. SIGNATURE: MARY C. MATTHEWS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-10-97 Date Daytime Phone: #					



CR2E034 (9/96)