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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 629108 (2)

1. Corporation Name
METAL SPECIALISTS INTERNATIONALE, INC.

Principal Place of Business
1114 FLORIDA AVE., SUITE C
PALM HARBOR FL 34683

Mailing Address
1114 FLORIDA AVE., SUITE C
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For:	
21		26		59-1926410		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		23		20	
Zip	Country	Zip	Country	24		25	
				29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GAUTHIER, HENRY T 1991 ORANGE COURT PALM HARBOR FL 34683				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	5 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNKELBERGER, DENICE S	1.2 NAME	
STREET ADDRESS	3113 SR 580 L 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFTEY HARBOR FL	1.4 CITY-ST-ZIP	34695
TITLE	VTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUTHIER, HENRY T.	2.2 NAME	GAUTHIER, HENRY T.
STREET ADDRESS	1991 ORANGE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	34683
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURDOCK, DOROTHY	3.2 NAME	REMOVE
STREET ADDRESS	3931 ENDICOTT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, trustee or assignee 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 to an address.

SIGNATURE: Henry T. Gauthier 4-20-95 813-785-4444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Name #