

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

FILED

Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **656791** (1)  
1. Corporation Name  
**METROPOLITAN METALS CO., INC.**

Principal Place of Business <b>1701 NW 31 AVENUE FT. LAUDERDALE FL 33311</b>	Mailing Address <b>1701 NW 31 AVENUE FT. LAUDERDALE FL 33311</b>
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DO NOT WRITE IN THIS SPACE

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 <b>02/22/1980</b>	
4. FEI Number <b>59-2046887</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. <b>\$8.75</b> Additional Fee Required <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent

**LEIBOV, SANDY  
7547 BLACK OLIVE WAY  
TAMARAC FL 33321**

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

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  Signed on my place  DATE **3/27/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEIBOV, BERNARD</b>	
STREET ADDRESS	<b>7545 BLACK OLIVE WAY</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>LEIBOV, SANDY</b>	
STREET ADDRESS	<b>7547 BLACK OLIVE WAY</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEIBOV, HOWARD</b>	
STREET ADDRESS	<b>7018 WAVELE ROAD</b>	
CITY-ST-ZIP	<b>COTE ST. LUC CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 shareholder 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: 

3/27/98 (954)486-2010

CR2E034 (10/97)