

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:06

DOCUMENT # 824206 (7)

1. Corporation Name
METAL IMPROVEMENT COMPANY INC

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**10 FOREST AVENUE 10 FOREST AVENUE
PARAMUS NJ 07652 PARAMUS NJ 07652**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1970	3a. Date of Last Report 04/05/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-1861245	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACHMAN, GERALD	1.2 NAME	
STREET ADDRESS	10 FOREST AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PARAMUS NJ	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, EDWARD	2.2 NAME	
STREET ADDRESS	10 FOREST AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PARAMUS NJ	2.4 CITY - ST - ZIP	
TITLE	DC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASKY, DAVID	3.2 NAME	
STREET ADDRESS	1200 WALL ST. WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	LYNDHURST NJ	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSCIN, JAMES J.	4.2 NAME	
STREET ADDRESS	10 FOREST AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PARAMUS NJ	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINSFIELD, SHIRLEY	5.2 NAME	
STREET ADDRESS	1200 WALL ST. WEST	5.3 STREET ADDRESS	
CITY - ST - ZIP	LYNDHURST NJ	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DANO	6.2 NAME	
STREET ADDRESS	1200 WALL ST W	6.3 STREET ADDRESS	
CITY - ST - ZIP	LYNDHURST NJ	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)(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, changed, or on an attachment with an address.

SIGNATURE: James J. Ruscin **JAMES J. RUSCIN** 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter Number