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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F33374

1. Corporation Name AMERICAN METAL EXCHANGE, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90231 035 \*\*\*158.75



Principal Place of Business	Mailing Address						
5661 34TH ST NO ST PETERSBURG FL 33714	5661 34TH ST NO ST PETERSBURG FL 33714		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 05/05/1981				
Principal Place of Business     2a. Mailing Address			4. FEI Number	Applied For			
न	26		59-2120146	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip Co 29 30	untry	This corporation owes the current year Interpretation     Personal Property Tax.	tangible Yes □No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
DONAHUE, TIM		81 Name					
5661 34TH ST NO		82 Street Address (P.O. Box Number is Not Acceptable)					
ST PETERSBURG FL 33714		83					
		84 City	· · FL	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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature re		<u> </u>	DATE		<del> ,</del> [
12.	OFFICERS AND DIRECTORS	13.		S/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PSTV DELETE	1,1 TITLE				Change	Addition
NAME	DONAHUE, TIM	1.2 NAME		•		•	
STREET ADDRESS	FOR AUTHOUND	1.3 STREET ADDRESS					,
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP			·		
TITLE	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME		2.2 NAME					1
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP		-			
TITLE	DELETE	3.1 TITLE				Change	☐ Addition
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS	,				
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	DELETE	4.1 TITLE		•		Change	Addition
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	*			☐ Change	☐ Addition
NAME		5.2 NAME		-	•		
STREET ADDRESS		5.3 STREET ADDRESS					i
CITY-ST-ZIP		5.4 CITY-ST-ZIP		<u> </u>			
TITLE	DELETE	6.1 TITLE				Change	☐ Addition
NAME.		6.2 NAME		•			
STREET ADDRESS		6.3 STREET ADDRESS					
		64 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 withten address, with all other like empowered.

SIGNATURE: