

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004139 (2)**

1. Corporation Name  
**BARNETT BRASS OF FLORIDA INC.**

Principal Place of Business      Mailing Address  
**3333 LENOX AVENUE      3333 LENOX AVENUE**  
**JACKSONVILLE FL 32254      JACKSONVILLE FL 32254**  
**US      US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/10/1993      05/01/1994**

4. FEI Number      Applied For  
**59-1380437      Not Applicable**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc      Suite, Apt. #, etc  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City      FL      B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Type or printed name of registered agent and title if applicable.      (BOTH) Registered Agent signature required after recording.      (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRAY, WILLIAM R	1.2 NAME	
STREET ADDRESS	3333 LENOX AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL 32205	1.4 CITY, ST, ZIP	32254
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTIVO, NEAL	2.2 NAME	
STREET ADDRESS	24460 AURORA ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	BEDFORD HEIGHTS OH	2.4 CITY, ST, ZIP	
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAXMAN, ARMOND	3.2 NAME	
STREET ADDRESS	24460 AURORA ROAD	3.3 STREET ADDRESS	
CITY, ST, ZIP	BEDFORD HEIGHTS OH 44148	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAXMAN, MELVIN	4.2 NAME	
STREET ADDRESS	24460 AURORA ROAD	4.3 STREET ADDRESS	
CITY, ST, ZIP	BEDFORD HEIGHTS OH 44148	4.4 CITY, ST, ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIGA, ANDREA M	5.2 NAME	
STREET ADDRESS	3333 LENOX AVE.	5.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	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)(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 of this report, or on an attachment with an address.

SIGNATURE: *Andrew M. Luiga*      5-31-95      (904) 384-4530  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR      (Date)      (Phone Number)