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Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000004139 (2)

1. Corporation Name  
BARNETT BRASS OF FLORIDA INC.

Principal Place of Business

3333 LENOX AVENUE  
JACKSONVILLE FL 32254  
US

Mailing Address

3333 LENOX AVENUE  
JACKSONVILLE FL 32254-4225  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/10/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1380437

Applied For

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PRAY, WILLIAM R  
STREET ADDRESS 3333 LENOX AVENUE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S  
NAME POINDEXTER, AL  
STREET ADDRESS 3333 LENOX AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME WAXMAN, ARMOND  
STREET ADDRESS 24460 AURORA ROAD  
CITY-ST-ZIP BEDFORD HEIGHTS OH

TITLE D  
NAME WAXMAN, MELVIN  
STREET ADDRESS 24460 AURORA ROAD  
CITY-ST-ZIP BEDFORD HEIGHTS OH 44146

TITLE V  
NAME LUIGA, ANDREA M  
STREET ADDRESS 3333 LENOX AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director  
1.2 NAME Sheldon Adelman  
1.3 STREET ADDRESS 24460 Aurora Rd.  
1.4 CITY-ST-ZIP Bedford Hts OH 44146

2.1 TITLE Director  
2.2 NAME Morry Weiss  
2.3 STREET ADDRESS 24460 Aurora Rd.  
2.4 CITY-ST-ZIP Bedford Hts OH 44146

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

Andrea M. Luiga

Andrea M. Luiga

1/30/97

904-364-6532

CR2E034 (9/96)