

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

**FILED**

**Feb 10 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F93000004139 (2)**  
1. Corporation Name  
**BARNETT BRASS OF FLORIDA INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>3333 LENOX AVENUE<br/>JACKSONVILLE FL 32254<br/>US</b> | Mailing Address<br><b>3333 LENOX AVENUE<br/>JACKSONVILLE FL 32254-4225<br/>US</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/10/1993</b>   | 3a. Date of Last Report<br><b>05/01/1996</b>   |
| 4. FEI Number<br><b>59-1380437</b>   | Applied For<br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

**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**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> 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 \_\_\_\_\_ (Print name of registered agent and title, if applicable) (None) Registered Agent signature required when registering. DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>PRAY, WILLIAM R</b>          |                                 |
| STREET ADDRESS | <b>3333 LENOX AVENUE</b>        |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>          |                                 |
| TITLE          | <b>S</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>POINDEXTER, AL</b>           |                                 |
| STREET ADDRESS | <b>3333 LENOX AVE</b>           |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>          |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>WAXMAN, ARMOND</b>           |                                 |
| STREET ADDRESS | <b>24460 AURORA ROAD</b>        |                                 |
| CITY-ST-ZIP    | <b>BEDFORD HEIGHTS OH</b>       |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>WAXMAN, MELVIN</b>           |                                 |
| STREET ADDRESS | <b>24460 AURORA ROAD</b>        |                                 |
| CITY-ST-ZIP    | <b>BEDFORD HEIGHTS OH 44146</b> |                                 |
| TITLE          | <b>V</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>LUIGA, ANDREA M</b>          |                                 |
| STREET ADDRESS | <b>3333 LENOX AVE.</b>          |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>          |                                 |
| TITLE          |                                 | <input type="checkbox"/> DELETE |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | <b>Director</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Sheldon Adelman</b>       |  |
| 1.3 STREET ADDRESS | <b>24460 Aurora Rd.</b>      |  |
| 1.4 CITY-ST-ZIP    | <b>Bedford Hts OH 44146</b>  |  |
| 2.1 TITLE          | <b>Director</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Morry Weiss</b>           |  |
| 2.3 STREET ADDRESS | <b>24460 Aurora Rd.</b>      |  |
| 2.4 CITY-ST-ZIP    | <b>Bedford Hts, OH 44146</b> |  |
| 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 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** 1/30/97 904-364-6530

CR2E034 (9/96)