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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # F9400003047 (7)

HIRSCH METALS CORPORATION

Principal Place of Business Mailing Address 6001 BROKEN SOUND PARKWAY 8001 BROKEN SOUND PARKWAY BABRE CENTER II, SUITE 502 SABRE CENTER II. SUITE 502 **BOCA RATON FL 33487-2765 BOCA RATON FL 33487** 3. Date incorporated or Qualified 3a. Date of Last Report 06/10/1994 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 38-2373824 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HIRSCH, RONALD J 6001 BROKEN SOUND PARKWAY Street Address (P.O. Box Number is Not Acceptable) 82 SABRE CENTER II. SUITE 502 83 **BOCA RATON FL 33487 B4** City Zip Code 85 Fl 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Highstored Agent's gnature required when roinstaling) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OTT DELETE TITLE 1.1 TITLE Change Addition HIRSCH, RONALD J NAME 1.2 NAME **6001 BROKEN SOUND PARKWAY** STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE VSD DELETE Change Addition 21 11TLE HIRSCH, SANDRA 22 NAME 6001 BROKEN SOUND PARKWAY STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change ___ Addition 3.1 HTLE HIRSCH, JEROME C 3.2 NAME 29100 NORTHWESTERN HIGHWAY STREET ADDRESS 3 3 STREET ADDRESS **SOUTHFIELD MI 48034** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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