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

FLORIDA DEPARTMENT OF STATE

**CORPORATION** ANNUAL REPORT



## Sandra B. Mortham

Apr 13 1998 8:00am

199	100	DIVIS	Secretary of SION OF CORE		ONS	)	ecreta	ry o	1 50	ale
DOCUMEN 1. Corporation Name	1 0 1000	0003047	(7)	-						
HIRSCH MET	ALS CORPORATION									
										<b>               </b>
Principal Place of Bus	iness	Mailing Addres				<u> </u>	BIAI SIBII BAIA DEIN BI	IN OTH CORE		
6001 Broken Sount Sabre Center II. SI		6001 Broken Sound Parkway Sabre Center II. Suite 502			İ					
BOCA RATON FL 334	87	BOCA RATON				2 Data Income	DO NOT WRITE	E IN THIS SE	PACE	<del></del>
						3. Date Incorpor				
2. Principal Place of I	Business	2a. Mailing Add	iress			06/10/199 4. FEI Number	4		I IAni	olied For
21		26				38-2373	824		<del></del>	Applicable
Suite, Apt. #, etc.		Suite, Apt. (	¥, etc.		<u></u>	5. Certificate of			\$8.75 A	dditional
22		27				5. Certificate of	Status Desired		Fee Rec	quired
City & State		City & State	•			6. Election Cam			\$5.00	
Zip	Country	28 Zip		Country		Trust Fund Co		<u> </u>	Added to	
24	25	29	30	Cooming			on owes or has pa enty Tax due June			No No
	ame and Address of Current					10. Name and A				
HIRSCH.	RONALD J			81	Name					
6001 BROKEN SOUND PARKWAY				82	Street Ad	ress (P.O. Box Numb	er is Not Accepta	ble)	·	
	enter II, suite 502					<del></del>		·		
BOCA RA	TON FL 33487			83						
				84	City			FL	<b>85</b> Zip C	ode
11. Pursuant to the p	rovisions of Sections 607 0502	2 and 607.1508. Flor	ida Statutes, ti	ne above	e-named co	rooration submits this	statement for the		hanoino its	registered
office or registere	rovisions of Sections 607,0502 of agent, or both, in the State ar with, and accept the obliga	of Florida, Such cha	nge was autho	rized by	the corpor	ation's board of direct	ors. I hereby acce	pt the appoi	ntment as r	egistered
SIGNATURE	ar that, are stronger and congre	mond of, better, bott		Ciciolo						
	typed or punted name of registered ager		(NOTE: Reg	istered Age	on erutangia In	ired when reinstating)		DATE		
12.	OFFICERS AND			13.	<del></del>	ADDITIONS/CH	IANGES TO OFFI		DIRECTORS  Change	Addition
TITLE PTD		ليا ا		1.1 TITLE				L	Change	Madition
	SCH, RONALD J	(A/AS/		1.2 NAME	4000000					
STREET ADDRESS 6001 BROKEN SOUND PARKWAY CITY-ST-ZIP BOCA RATON FL 33487				1.3 STREET	- 1					
CITY-ST-ZIP BOC				1.4 CITY-S 2.1 TITLE	1-21				Change	Addition
1 100	SCH, SANDRA			2.2 NAME						
	BROKEN SOUND PARK	WAY		2.3 STREET	ADDRESS					
	A RATON FL 33487			2. 4 CITY - 5	ST-ZIP					
TITLE			DELETE :	3.1 TITLE					Change	Addition
NAME			1	3.2 NAME						
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY - 5 4.1 TITLE	ST-ZIP				7 05	Address:
TITLE	DELETE							L	_ Change	Addition
NAME				4. 2 NAME 4.3 STREET ADDRESS						
STREET ADDRESS										
CITY-ST-ZIP TITLE		Пг		4.4 CITY - S 5.1 TITLE	1-ZIP	<del></del>		г	Change	Addition
NAME		۱ لسه		5.2 NAME	i			L.		
STREET ADDRESS				5.3 STREET	ADDRESS					

14. Thereby 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 to supplemental arrival 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 trusted empower do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attacher int with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

561-7H1. 7800

Change Addition