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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name G15521

(9)

M & M STEEL COMPANY, INC.								
Pri	ncipal Place	of Business	Mailing Address				NRI EIGH GIRN GIG	FI BIBII BIBII BIBII BBBI
201 BENOIST FARMS RD WEST PALM BEACH FL 33411 US			1120 ROYAL PALM BEACH BLVD SUITE #409 ROYAL PALM BEACH FL 33411 US		Date Incorporated or Qualified	3a. Date of L	ast Report	
						12/28/1982	04/2	1/1995
21	Principal Pla	ce of Business	2a. Mailing Address	1		4. FEI Number		Applied For
.2!!	Suite, Apt. #, etc.		· · ·	Suite, Apt. #, etc.		59-2265132	2	Not Applicable 8.75 Additional
22		27				5. Certificate of Status Desired		Fee Required
1	City & State City & State		City & State			6. Election Campaign Financing		5.00 May Be
23	28					Trust Fund Contribution		Added to Fees
24	Zip	Country Zip 29 30		Country		This corporation has liability for intangible tax under s 199.032, Florida Statutes		der s 199.032,
24)		9. Name and Address of Curre		1301		10. Name and Address of New Re		nt
				81	Name			
BRUCE M. WERNER 1120 ROYAL PALM BEACH BLVD.				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
					Officer 7400			
	ROYAL F	PALM BEACH FL 33411		83				
				84	City		8	5 Zip Code
	Discussion de	the previous of Cockess CO7 OF	20 and 007 4000 Fig. (4- 0		<u> </u>		<u> FL</u>	1
	or registere familiar with 3NATURE	ad agent, or both, in the State of Flo	rida. Such change was au ction 607.0505, Florida Sta	thorized by the corp stutes.	oration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	intment as regi	g its registered diffee stered agent. I am
			nt and title if applicable.	(NOTE: Registered Ager	nt signature require		DATE	
12 มาเ				13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIF	
N4F	!	BRUCE M. WERNER		1.2 NAME			L) V	nange reconon
	EFF ADDRESS 1120 ROYAL PALM BEACH		BLVD. #409	1.3 STREET	ADDRESS			
CI:	Y ST-ZIP	ROYAL PALM BEACH FL		1.4 CiTY - S	5T - ZIP			
10%	.6		☐ DELETE	2 1 1HTLE			cı	hange 🔲 Addition
NAP	Λί		22 N					
SIF	ree LADORESS			2 3 STREET	ADDRESS			
017 114	Y-ST-ZIP		DELETE	2 4 CITY - S	ST - ZIP			hange
NAI				TE 3 1 TITLE 3 2 NAME				lange [_] Addition
	HLI ADDRESS			3.3 STREE	LADORESS			
	V-ST-ZIP			3 4 CITY - 5				
TiT.			DELETE					hange 🔲 Addition
NAI	VE			4.2 NAME				
SIF	RELEADORESS			4.3 STREET	ADDRESS			
	Y-S[ZIP			4 4 CiTY - 5	ST - ZIP			
TIFLE			☐ DELE16					hange 🔲 Addition
	NAME STREET ADDRESS			5 2 NAME	1000000			
	Y-SI-ZIF			5 3 STREET 5 4 City - S	1			
HI	1	[] DELETE			51-219		ПО	hange Addition
	NAME		_	6 2 NAME				The state of the s
S1F	GEL ADDRESS			63 STREET	ADDRESS			
	Y - \$1 - 20F			64 CITY - 9				
14	 certify that oath: that I 	the information indicated on this an	nual report or supplementa poration or the receiver or t	al annual report is tru trustee empowered	ue and accura	for the exemption stated in Section 119.0 ate and that my signature shall have the is report as required by Chapter 607, Fic	same legal effe	ct as if made under

SIGNATURE:

1/23/96 401-793-2067
Date Control Prone .