

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

FILED

Apr 11 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 # **G28784** (8)  
1. Corporation Name  
**ANRO METAL MANUFACTURING, INC.**



Principal Place of Business  
**2001 BLOUNT ROAD  
POMPANO BEACH FL 33069**

Mailing Address  
**2001 BLOUNT ROAD  
POMPANO BEACH FL 33069-5110**

3. Date Incorporated or Qualified **03/22/1983** 3a. Date of Last Report **04/19/1996**  
4. FEI Number **59-2275863** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLEMING, O'BRYAN & FLEMING, P.A.  
500 EAST BROWARD BLVD., 17TH FLOOR  
BROWARD FINANCIAL CENTRE  
FORT LAUDERDALE FL 33384**

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 of registered agent or new registered agent, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, NORMAN KEITH</b>	
STREET ADDRESS	<b>736 CONWAY GLEN DR.</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30327</b>	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, PAMELA R</b>	
STREET ADDRESS	<b>736 CONWAY GLEN DR.</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30327</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>COLLINS, NORMAN KEITH</b>	
1.3 STREET ADDRESS	<b>425 NORTHEAST SPANISH TRAIL</b>	
1.4 CITY-ST-ZIP	<b>BOCA RATON, FLORIDA 33432</b>	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>COLLINS, PAMELA R.</b>	
2.3 STREET ADDRESS	<b>425 NORTHEAST SPANISH TRAIL</b>	
2.4 CITY-ST-ZIP	<b>BOCA RATON, FLORIDA 33432</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 on an attachment with an address.

SIGNATURE: **PAMELA R. COLLINS/**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pamela Collins*

4/3/97

954-979-8900

Date

Daytime Phone #

CR2E034 (9/96)