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

**PROFIT** CORPORATION: ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT # G75228 Corporation Name

FLORIDA METAL RECYCLING, INC.

incipal Place of Business

Mailing Address

ON CW 17TH AVE

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90155 035 \*\*\*150.00



OW IVID AVE		DELEAN BOUT L 20444 1922			•
BCH.F L 33444-1332		DELRAY BCH.F L 33444-13	JE		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					12/15/1983
		n- Mailing Address		_ <del></del>	4. FEI Number Applied For
Principal Place of Business		2a, Mailing Address	¬'		59-2186592 Not Applicat
· · · · · · · · · · · · · · · · · · ·		26			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired
		27	<u> </u>		<u> </u>
City & Star	te '	City & State			6. Election Campaign Financing \$5.00 May Be
		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	This corporation owes the current year Intangible
	25	29	30		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
				81 Name	•
GRIFFITHS, KENT				82 Street Addre	ess (P.O. Box Number is Not Acceptable)
800 SW 17TH AVE				oz Street Addre	, , ,
DEL	RAY FL 33444			83	
	•			84 City	FL 85 Zip Code
<u>:</u>	<u> </u>		· ·		· · · · · · · · · · · · · · · · · · ·
Pursuant	to the provisions of Sections 607:0502	2'and 607:1508; Florida Statut of Florida, Such change was a	es, the a	ove-named corpo by the corporatio	pration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida State	ites.	n's board of directors. I hereby accept the appointment as registered
- -n≜THRF	• * * * * * * * * * * * * * * * * * * *			,	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	Agent signature required	when reinstating) DATE
	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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	DELRAY,F L 00000			Y-ST-ZIP	
ST ZIP	DVP	☐ DELETE	2.1 TI		: Addi
	[	C Occ. 15			WILLIAM C. MARTINI
-	MARTINI, WILLIAM		2.2 №	í	949 ISLES RD.
T ADDRESS			2.3 \$1	REET ADDRESS	BOYNTON BEACH FL
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14. I 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, with all other like empowered.