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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # K15856 1. Corporation Name

G.R. METAL SALES CO.

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90011 010 \*\*\*150.00



Principal Place	of Business	Ŋ.	Mailing Address							
3321 RALEIGH ST. #3C		i.	SUZI MACCIONI DI: #00							
HOLLYWOOD FL 33021		1	HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE	:F		
							3. Date Incorporated or Qualifed			
									į	
		•					02/18/1988			
2. Principal Pl	ace of Business		2a. Mailing Address				4. FEI Number		lied For	
21			26				NOT APPLICABLE		Applicable	
Suite, Apt. i	∮, etc.	ĺ	Suite, Apt. #, etc.				E Codificate of Status Desired		dditional	
22		-	27				<u> </u>	ee Re		
City & State	•	· !	City & State				1 - 1 - 1		May Be	
23			28				Trust Fund Contribution A	dded to	Fees	
Zip Country			Zip Country				8. This corporation owes the current year Intangible  Personal Property Tax  ✓ Yes ' □ No			
24	25		29 30				Personal Property Tax.		⊔N0	
	9. Name and Address of Current	nt F	Registered Agent				10. Name and Address of New Registered Agen	<u> </u>		
		Á		81	II N	∛ame	,			
ROBERTS, EUGENE E				82	, ,	Street Addre	ess (P.O. Box Number is Not Acceptable)			
3321	RALEIGH ST	té		02	` `	, ii dot / toure	000 (1:0. Bbx (1ambe) 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10			
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HOLI	LYWOOD FL 33021	;		L	↓		[	1 7:- 6		
				84	۱ c	City	FL  85	Zip C	oae	
		00.	607 1509 Elorido Statutos	the abou	(O-D)	amed corno	eration submits this statement for the number of change	ina its	registered	
office or re	saictored agent or both in the State	n	FIORIDA SUCE CHARGE WAS AUTH	ONZEO DY	v lite	corporatio	on's board of directors. I hereby accept the appointmen	t as reg	jistered	
agent. I ar	n familiar with, and accept the obliga	atio	ns of, Section 607.0505, Florida	Statutes	S.					
SIGNATURE							d when reinstation) DATE			
	Signature, typed or printed name of registered ago		······································		ent sig	gnature required	ADDITIONS/CHANGES TO OFFICERS AND DIT	PECTO	RS IN 12	
12.	OFFICERS A	ND	DELETE	13.		<u> </u>		hange	☐ Addition	
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NAME	ROBERTS, FRANCES P			2.2 NAME						
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STREET ADDRESS			'							
CITY-ST-ZIP				6.4 CITY-	31-Z	ar .				

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.