

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

DOCUMENT # **L33191**

1. Corporation Name
HOUSE OF METALS, INC.

Principal Place of Business

C/O ELAINE E GOULD
5301 N FEDERAL HWY #170
BOCA RATON FL 33487

Mailing Address

C/O ELAINE E GOULD
5301 N FEDERAL HWY #170
BOCA RATON FL 33487

2. Principal Place of Business

21 **1300 N Federal Hwy**

Suite, Apt. #, etc.

22 **#102**

City & State

23 **Boca Raton FL**

Zip

24 **33432** 25 **USA**

2a. Mailing Address

26 **1300 N Federal Hwy**

Suite, Apt. #, etc.

27 **#102**

City & State

28 **Boca Raton FL**

Zip

29 **33432** 30 **USA**

9. Name and Address of Current Registered Agent

GOULD, ELAINE E.
610 BOCA MARINA COURT
BOCA RATON FL 33487

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 607.0501 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

Elaine E. Gould
Signature typed or printed name of registered agent and title if applicable.

Elaine E. Gould
(NOTE: Registered Agent signature required when reinstating)

Director
DATE **04/19/99**

12. OFFICERS AND DIRECTORS

TITLE **DVS** ☐ DELETE

NAME **GOULD, ELAINE E.**
STREET ADDRESS **610 BOCA MARINA COURT**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE **DP** ☐ DELETE

NAME **PERITZMAN, STEVEN**
STREET ADDRESS **159 SHORE ROAD**
CITY-STATE-ZIP **PATCHOQUE NY**

TITLE **DT** ☐ DELETE

NAME **PERITZMAN, ADELE**
STREET ADDRESS **159 SHORE ROAD**
CITY-STATE-ZIP **PATCHOQUE NY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elaine Gould* **Elaine Gould** **4/19/99** **561-362-7228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90213 013 *****8.75

04-27-1999 90213 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1989

4. FEI Number

65-0160238

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes

10. Name and Address of New Registered Agent

CR2E034 (1/98)