


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

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Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L45894** (7)  
1. Corporation Name  
**PIONEER METALS OF NAPLES, INC.**



Principal Place of Business <b>6266 JANES LANE NAPLES FL 33942 US</b>	Mailing Address <b>3611 NW 74TH ST MIAMI FL 33147-5827 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6266 Janes Lane</b> Suite, Apt. #, etc. 22 City & State 23 <b>Naples, FL</b> Zip 24 <b>34109</b>		2a. Mailing Address 26 <b>6501 NW 37th Ave.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami, FL</b> Zip 29 <b>33147</b>		3. Date Incorporated or Qualified <b>01/29/1990</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		4. FEI Number <b>65-0167082</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>HEGAMYER, WILLIAM H. 511 NORTH MASHTA DR. KEY BISCAVNE FL 33149</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEGAMYER, WILLIAM H.</b>	1.2 NAME	
STREET ADDRESS	<b>511 N. MASHTA DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY BISCAVNE FL 33149</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEGAMYER, LEONORA K.</b>	2.2 NAME	
STREET ADDRESS	<b>511 N. MASHTA DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY BISCAVNE FL 33149</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTY, DOUGLAS S.</b>	3.2 NAME	
STREET ADDRESS	<b>7845 SW 67TH TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>33143</b>
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINCKLEY, H.D.</b>	4.2 NAME	
STREET ADDRESS	<b>6065 ROLLING RD DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, CHARLES V</b>	5.2 NAME	
STREET ADDRESS	<b>7845 SW 67TH TERRACE</b>	5.3 STREET ADDRESS	<b>1550 NW 123rd St., N-307</b>
CITY-ST-ZIP	<b>N MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>N. Miami, FL 33161</b>
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEGAMYER, K.L.</b>	6.2 NAME	
STREET ADDRESS	<b>261 GREENWOOD DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY BISCAVNE FL 33149</b>	6.4 CITY-ST-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, unchanged, or on an attachment with an address.

SIGNATURE: *Kathy Hegamyer*

Kathy Hegamyer

2/18/98

205-696-0830

CR2E034 (10/97)