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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M74374** (3)
1. Corporation Name
COPHER METAL & RECYCLING, INC.

Principal Place of Business 5015 22ND ST. CAUSEWAY TAMPA FL 33619 US	Mailing Address P.O. BOX 1408 BRANDON FL 33509 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1988	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0062077	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**SHAHEEN, JOSEPH L. ESQ
501 EAST KENNEDY BLVD., SUITE 1250
2700 BARNETT PLAZA
TAMPA FL 33602**

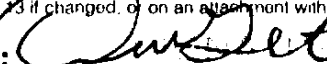
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	COPHER, RONALD	1.2 NAME	
STREET ADDRESS	114 HICKORY CREEK RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	1.4 CITY - ST - ZIP	
TITLE	DTS	2.1 TITLE	
NAME	COPHER, RICHARD	2.2 NAME	
STREET ADDRESS	912 RVR RAPIDS AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	
NAME	HUDSON, ERVIN	3.2 NAME	
STREET ADDRESS	401 VALRICO-SEFFNER ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	
NAME	WAGNER, JAMES	4.2 NAME	
STREET ADDRESS	1811 NOVA DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	
NAME	GALENTINE, DENNIS W.	5.2 NAME	
STREET ADDRESS	18317 CITATION STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:  DENNIS W. GALENTINE

4/8/98 813-247-3171

CR2E034 (10/97)