FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1997 FILING \$ 203. 1. Name a of Limit



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND HLED

97 FEB -3 AM 9: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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7 <u>5</u>	Make Check	Payable To: FLORIDA DEPARTMENT OF STATE							
	ling Address lity Company	DOCUMENT #49400000065							
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WINNER METALS OF FLORIDA, L.L.C., L.C. 2799 GUY VERGER BOULEVARD TAMPA FL 33605

1a. Principal Place of Business Address

2799 GUY VERGER BOULEVARD

							11 05005				
If above mailing address is incorrect in any way, tine through incorrect 2. Principal Place of Business 2a. Mailin 2 01			g Address			3. Date	Organized or Qualified	3a. State o	of Formation		
Sulte, Apt. #, etc. Suite, A			Bmy Verger Blvd.			4. FEI N	•	YA T	Applied For		
City & State		City & Stat	te			<u> </u>	54-1715819 Not Appli				
Zip	Country	Zip		70	Country]	of Last Report	1	te of Status Desired		
7. Name and Address of Current Registered A			Agent				8. Name and Address of New Registered Agent				
TSENG, STANLEY 2799 GUY VERGER BOULEVARD TAMPA FL 33605					Name Street A						
 					Suite, A	Suite, Apt. #, etc.					
			City			FL	Zip Code				
its registe	ant to the provisions of Sections 608.41 red office or registered agent, or both, in ired agent, and accept the obligations. JRE	the State of Flori	da. Such	change	was authorized b	y affirmative vote of	mpany submits this state a majority of the membe DATE	rs. I hereby ac	cept the appointment		
10. Title				Business Street Address			City, State and Zip Code				
	QUIRKE, THOMAS P ISENG, STANLEY \	I				BOULEVAR BOULEVAR	D TAMPA F	- 1996	945 22003		
 s							*****20	B.75 ₹	(11am (11am) 3/97		

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this peport as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attechment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER