File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 98 MAR 26 PM 1:54 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STA TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** M9400000065 1a. Principal Place of Business Address WINNER METALS OF FLORIDA, L.L.C., L.C. 2801 GUY VERGER BLVD. 2801 GUY VERGER BLVD. 99. - AL TAMPA FL 33605 TAMPA FL 33605 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 07/15/1994 VA Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 54-1715819 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip \$8.75 Additional Fre Required 02/03/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office TSENG. STANLEY Street Address (P.O. Box Number Is Not Acceptable) 2799 GUY VERGER BOULEVARD **TAMPA FL 33605** Suite, Apt. #, etc. City 9. Pursuant to the provisions of Sections 608.416 and 608.508. Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE _ SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR OUIRKE, THOMAS P 2799 GUY VERGER BOULEVARD TAMPA FL MGR TSENG, STANLEY 2799 GUY VERGER BOULEVARD TAMPA FL

11. I do hereby certify that the information supplied with this filing does not chalify 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:

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

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