2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

Jan 22, 2004 08:00 AM **DOCUMENT # P00000056930** Secretary of State 1. Entity Name ALMÉT RECYCLE & SURPLUS, INC. Mailing Address Principal Place of Business **407 FLOMICH ST** 407 FLOMICH ST HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 01162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3666913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WELLS, SYLVAN A DO NOT WRITE 618 N WILD OLIVE AVE DAYTONA BEACH, FL 32118 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LATHROPE, WILMA NAME 407 FLOMICH ST STREET ADDRESS DITY-ST-ZIP HOLLY HILL, FL 32117 U000000010046 TITLE 01/22/04-80015-006 163.75 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-7P NAME STREET ADDRESS

FILED

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SCHINGOFFICER OR DIRECTOR