

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90070 046 ***150.00

DOCUMENT #

1. Corporation Name

P14247 bk

Prudential Metal Supply Corp.

Principal Place of Business

Mailing Address

4241 SW 70th Court
Miami, FL 33155
US

P.O. Box 4159
E. Dedham, MA 02026
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1987

4. FEI Number

04-2270227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 02027-4159 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Prentice-Hall Corporation System, Inc.
1201 Hayes Street
Suite 105
Tallahassee, FL 32301

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

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	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fisher, Martha	1.2 NAME	
STREET ADDRESS	13A Cutters Green	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. Providence, RI	1.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	2.1 TITLE	Director only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roseman, Richard H.	2.2 NAME	
STREET ADDRESS	87 Blue Hill Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Westwood, MA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helman, Irving J.	3.2 NAME	
STREET ADDRESS	10 Lyman Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Chestnut Hill, MA	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kolikof, Gloria	4.2 NAME	
STREET ADDRESS	19571 NE 37th Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. Miami, FL	4.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helman, James R.	5.2 NAME	
STREET ADDRESS	5201 LaGorce Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL	5.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kolikof, Robert A.	6.2 NAME	
STREET ADDRESS	19571 NE 37th Ave	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. Miami, FL	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, with all other like empowered.

SIGNATURE: Martha Fisher asst. trea., Martha Fisher 2/23/99 800-444-9585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)