

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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P25225 (4)  
1. Corporation Name  
MINDIS METALS, INC.



Principal Place of Business  
3715 NORTHSIDE PARKWAY  
BODG 100 SUITE 210  
ATLANTA GA 30327  
US

Mailing Address  
3715 NORTHSIDE PARKWAY  
BLDG 100 SUITE 210  
ATLANTA GA 30327  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 906 ADAMSON ST Suite, Apt. #, etc.		2a. Mailing Address 26 906 ADAMSON ST Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/18/1989	
22 City & State 23 ATLANTA, GA Zip 24 30315		27 City & State 28 ATLANTA, GA Zip 29 30315		4. FEI Number 58-1724376 Applied For Not Applicable	
25 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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	PD	11 TITLE	
NAME	KOPMAN, BYRON	12 NAME	
STREET ADDRESS	3715 NORTHSIDE PKWY BLDG 100 SUITE 210	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME	HAMIL, THOMAS B.	22 NAME	
STREET ADDRESS	3715 NORTHSIDE PKWY BLDG 100 SUITE 210	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME	LAPIDUS, WILLIAM S	32 NAME	
STREET ADDRESS	3715 NORTHSIDE PKWY BODG 100 SUITE 210	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

CR2E034 (10/97)