

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P37129** (4)
1. Corporation Name
COPPER AND BRASS SALES, INC.



Principal Place of Business 17401 TEN MILE ROAD EAST POINTE MI 48021 US	Mailing Address 17401 TEN MILE ROAD EASTPOINTE MI 48021-1256 US
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1992	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 38-0445860		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

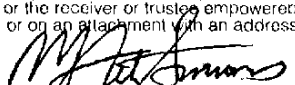
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. Zip Code		FL	

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOWENSTEIN, W.K.	1.2 NAME	
STREET ADDRESS	17401 TEN MILE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINTE MI	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FITZSIMONS, M.J.	2.2 NAME	
STREET ADDRESS	17401 TEN MILE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINTE MI	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FITZSIMONS, D.K.	3.2 NAME	
STREET ADDRESS	17401 TEN MILE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINTE MI	3.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, W.C.	4.2 NAME	
STREET ADDRESS	17401 TEN MILE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINTE MI	4.4 CITY-ST-ZIP	
TITLE	C ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, T.A.	5.2 NAME	
STREET ADDRESS	17401 TEN MILE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINTE MI	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BUHL, F.F.	6.2 NAME	
STREET ADDRESS	17401 TEN MILE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	EASTPOINTE MI	6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE:  5/1/97

CR2E034 (9/96)