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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000050619 (4)

C&S	GOLD COAST SCRAP MI	ETALS, INC.		 	
Principal Plac	e of Business	Mailing Address		}	(8) 30 10 8310 8310 0110 11310 4111 1901
140 SE 2ND AVE DELRAY BEACH FL 33444		140 SE 2ND AVE DELRAY BEACH FL 334	444		
		Second Sellon 12 South		DO NOT WRITE IN THIS SPACE	
i				3. Date Incorporated or Qualified	
		· · · · · · · · · · · · · · · · · · ·		07/20/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0424046	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Chu & Stole		City & Crate			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
	├ ~¬	<u></u>	Country	8. This corporation owes or has pa	1 ' '
24	25 g, Name and Address of Cur	29	30	Personal Property Tax due June 10. Name and Address of New Re	
		Tellt Hegisteren Agent	81 Name	ID, Italije aliu Addiess VI ijek He	Aistelen Wasii
SHAPIRO, IRA R					
13899 BISCAYNE BLVD			82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)
SUITE 400			83		
MIA	AMI FL 33181		103		
			B4 City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida State	utes, the above-named corp	oration submits this statement for the p	purpose of changing its registered
office or r agent. I a	e gist ered agent, or both, in the St i m fa miliar with, and accept the ob	ate of Florida. Such change was oligations of, Section 607,0505, f	s authorized by the corporat Florida Statutes.	ion's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE					
12,	Signature, typed or printed name of requiremed	Legent and title Lappicable (NO AND DIRECTORS	OTE: Registered Agent signature requir		DATE
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	STERN, MARILYN	□ ptreit	12 NAME		Change Z Addition
	-				
STREET ADDRESS	21314 NE 19TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33179	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	₹	[] bearing			Cutatile The Monthout
····-	STERN, CHARLES		2.2 NAME		
STREET ADDRESS	21314 NE 19TH CT		2.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE	MIAMI FL 33179	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	STERN. MICHAEL		3.2 NAME		C charge C Addition
STREET ADDRESS	21314 NE 19TH CT				}
STHEET ADDRESS	MIAMI FL 33179		3.3 STREET ADDRESS		
TITLE	_MIAMI PC 33179	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	II.	عالما المالية	E f		Change D Addition
			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
		□ prreit	51 TITLE		Figuritie Fixed(((0))
NAME CAREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ł
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Chapea Addition
TITLE		ריי מנרכונ	6.1 TITLE		☐ Change ☐ AdditIon
NAME STREET ADDRESS			6.2 NAME		1
PERMIT WELLER I			M RESERVED ADDRESS I		1

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 armual report or suppliemental 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:

4-28.1998 (5617208-3458

FILED

May 08 1998 8:00am

Secretary of State