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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995

DOCUMENT # P93000082486 (0)

SURPLUS STEEL SOUTH, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
7146 HAVERHILL NORTH #W WEST PALM BEACH FL 33407		P. O. BOX 607976 ORLANDO FL 32860 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/02/1993	03/01/1994
State, Apt. #, etc.		4. FEI Number	Applied For
22		65-0451484	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23			
City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24		Trust Fund Contribution	
25		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes No
29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SOROKURS, STANLEY I 2901 BRIDGEHAMPTON LANE ORLANDO FL 32812		81 Name LYNN M ROBERTS 82 Street Address (P.O. Box Number is Not Acceptable) 3171 S WINDCHIME CIR 83 84 City APOPKA, FL 85 Zip Code 32703	

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 *Lynn M. Roberts* DATE 1/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME	PD BIANCO, VINCENT J 2420 STONEGATE DR WEST PALM BEACH FL	11.1 TITLE	☒ Change ☐ Addition
11.2 NAME	VD GOLDMAN, STEVEN M 1460 SHELLMOUND RD ENTERPRISE FL	11.2 NAME	DELETE BIANCO, VINCENT
11.3 NAME	SD SOROKURS, STANLEY 2901 BRIDGEHAMPTON ORLANDO FL	11.3 STREET ADDRESS	
11.4 NAME	VD CHIU, ERIC W 2156 MAJESTIC WOODS BLVD APOPKA FL	11.4 CITY-ST-ZIP	
11.5 NAME	VD GAMSON, ROBERT 1501 THE OAKS DRIVE MAITLAND FL	21.1 TITLE	PD ☒ Change ☐ Addition
11.6 NAME		21.2 NAME	
11.7 NAME		21.3 STREET ADDRESS	
11.8 NAME		21.4 CITY-ST-ZIP	
11.9 NAME		31.1 TITLE	S ☐ Change ☒ Addition
11.10 NAME		31.2 NAME	DELETE SOROKURS
11.11 NAME		31.3 STREET ADDRESS	ROBERTS, LYNN
11.12 NAME		31.4 CITY-ST-ZIP	3171 S WINDCHIME CIR APOPKA, FL
11.13 NAME		41.1 TITLE	☐ Change ☐ Addition
11.14 NAME		41.2 NAME	
11.15 NAME		41.3 STREET ADDRESS	
11.16 NAME		41.4 CITY-ST-ZIP	
11.17 NAME		51.1 TITLE	☐ Change ☐ Addition
11.18 NAME		51.2 NAME	
11.19 NAME		51.3 STREET ADDRESS	
11.20 NAME		51.4 CITY-ST-ZIP	
11.21 NAME		61.1 TITLE	☐ Change ☐ Addition
11.22 NAME		61.2 NAME	
11.23 NAME		61.3 STREET ADDRESS	
11.24 NAME		61.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.01(3)(b), Florida Statutes. I further certify that the information is based on the annual report or the potential annual report, true and accurate, and that my signature shall have the same legal effect as if made under oath and that I am an officer or director of the corporation or the officer or director employed to execute the report as required by Chapter 100, Florida Statutes; and that my name appears on the report or the potential report, or on an affidavit with an address.

SIGNATURE:

Steven Goldman
STEVEN GOLDMAN
Pres.

2-24-95

407-292-5788