

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000082486 (0)

1. Corporation Name

SURPLUS STEEL SOUTH, INC.



Principal Place of Business

7146 HAVERHILL NORTH #W
WEST PALM BEACH FL 33407

Mailing Address

P. O. BOX 607976
ORLANDO FL 32860
US

3. Date Incorporated or Qualified

12/02/1993

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3015 Gamson Rd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Apopka FL

28

City

24

32703

Country

29

Zip

30

Country

USA

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERT, LYNN M
3171 S WINDCHIME CIRCLE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Lynn Roberts

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GOLDMAN, STEVEN M
STREET ADDRESS 1460 SHELLMOUND RD
CITY-ST-ZIP ENTERPRISE FL

TITLE SD ☐ DELETE

NAME ROBERT, LYNN
STREET ADDRESS 3171 S WINDCHIME CIRCLE
CITY-ST-ZIP APOPKA FL

TITLE VD ☐ DELETE

NAME CHIU, ERIC W
STREET ADDRESS 2156 MAJESTIC WOODS BLVD
CITY-ST-ZIP APOPKA FL

TITLE VD ☐ DELETE

NAME GAMSON, ROBERT
STREET ADDRESS 1501 THE OAKS DRIVE
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lynn Roberts / Lynn Roberts

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/16/96 407-293-5788
Date Daytime Phone #

CR2E034 (12/95)