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Apr 16 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 # P93000082486 (0)

1. Corporation Name

SURPLUS STEEL SOUTH, INC.



Principal Place of Business

8015 GAMSON RD
APOKA FL 32703

Mailing Address

P. O. BOX 607876
ORLANDO FL 32860-7876
US

3. Date Incorporated or Qualified
12/02/1993

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0451484

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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
APOKA FL 32703

10. Name and Address of New Registered Agent

81 Name GOLDMAN, STEVEN M.
82 Street Address (P.O. Box Number is Not Acceptable)
1460 Shellmound Rd.
83
84 City Enterprise FL 85 Zip Code 32725

11. Pursuant to the provisions of Sections 607.050 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

4/1/97

12. OFFICERS AND DIRECTORS

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

TITLE SD
NAME ROBERT, LYNN
STREET ADDRESS 3171 S WINDCHIME CIRCLE
CITY-ST-ZIP APOKA FL

TITLE VD
NAME CHIU, ERIC W
STREET ADDRESS 2166 MAJESTIC WOODS BLVD
CITY-ST-ZIP APOKA FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

4/1/97 (1460) 22-5750

CR2E034 (9/96)