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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400001485 (9)

METALS MARKETING INTERNATIONAL, INC.

Principal Place of Business Mailing Address 7733 WOOD DUCK DR. 7733 WOOD DUCK DR. **BOCA RATON FL 33434-5143** BOCA RATON FL 33434 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1994 04/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0462200 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 RA 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 (NOTE: Registered Agent signature required when reinstating) Signature, typert or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE DELETE 1 1 TITLE GOLDMAN, DAVID L 1.2 NAME NAME 7733 WOOD DUCK DR. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33434** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE CIAMPA, KAREN M 2.2 NAME NAME 1 POST OFFICE SQUARE STE. 4100 STREET ADDRESS 2.3 STREET ADDRESS **BOSTON MA 02709** 2. 4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Channe 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-2IP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 4.4 CITY - ST-ZIP Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

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 of fusite 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP FILED Jan 24 1997 8:00am Secretary of State



Change

Daytime Phone #

Addition