

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P94000011937 (7)
 1. Corporation Name
ADVANCED METAL STRIPPING, INC.

Principal Place of Business 6399 - 142ND AVENUE NORTH CLEARWATER FL 34620	Mailing Address 6399 - 142ND AVENUE NORTH CLEARWATER FL 34620
---	---

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/09/1994	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-323 8173	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
QUINLAN, GERARD R 15005 U.S. HWY 19 NORTH CLEARWATER FL 34624		81 Name JACK G McCloskey 82 Street Address (P.O. Box Number is Not Acceptable) 1341 Wexford Dr N 83 84 City Palm Harbor FL 85 Zip Code 34683	

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: *Jack G McCloskey* JACK G McCloskey DATE: 5-31-95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	QUINLAN, JAMES G
STREET ADDRESS	15005 US HWY 19 NORTH
CITY - ST - ZIP	CLEARWATER FL 34624
TITLE	D
NAME	QUINLAN, GERARD R
STREET ADDRESS	15005 US HWY 19 NORTH
CITY - ST - ZIP	CLEARWATER FL 34624
TITLE	D
NAME	LUTZ, BRUCE
STREET ADDRESS	15005 US HWY 19 NORTH
CITY - ST - ZIP	CLEARWATER FL 34624
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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK G McCloskey
1.3 STREET ADDRESS	6399 142nd Ave N Ste 124
1.4 CITY - ST - ZIP	CLEARWATER, FL 34620
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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: *Jack G McCloskey* JACK G. McCloskey DATE: 5-31-95 813 538 2210

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUN 13 AM 10:35

DO NOT WRITE IN THIS SPACE.