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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000086565 (6)

1. Corporation Name

EXPRESS METALS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6350 118TH AVE. NORTH LARGO FL 33779 US		Mailing Address 6350 118TH AVE. NORTH LARGO FL 34643	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLUME, STEPHEN G 6354 118TH AVE N LARGO FL 33773		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			
(NOTE: Registered Agent's signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	XX Change
NAME	BLUME, STEPHEN G	1.2 NAME	
STREET ADDRESS	524 AUSTIN DR	1.3 STREET ADDRESS	170 Marina Del Rey Court
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	VD	2.1 TITLE	
NAME	BLUME, DARYL W	2.2 NAME	
STREET ADDRESS	7306 SAWGRASS POINT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	XX Change
NAME	DEMA, ANTHONY N	3.2 NAME	
STREET ADDRESS	10489 95TH ST. N	3.3 STREET ADDRESS	7751 Aralia Way
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, FL 33777
TITLE	VP	4.1 TITLE	
NAME	PREISS, JON W	4.2 NAME	
STREET ADDRESS	4348-60TH WAY N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Anthony N Dema

4/30/98 (813) 545-2547

CR2E034 (10/97)