

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087922 (8)**

1. Corporation Name
NEW METAL DESIGN BY DAMAR, INC.

Principal Place of Business: **913 EDWARDS ROAD FORT PIERCE FL 34982**
Mailing Address: **913 EDWARDS ROAD FORT PIERCE FL 34982**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1994	3a. Date of Last Report N/A
4. FEI Number 65-0538541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2b. Mailing Address 26
Subd. Apt. #, etc. 22	Subd. Apt. #, etc. 27
City & State 23	City & State 28
Co. 24	Country 30

9. Name and Address of Current Registered Agent BOYD, J. CURTIS 401A S INDIAN RIVER DRIVE FORT PIERCE FL 34950		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		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: _____ (Signature of Registered Agent)
 SIGNATURE: _____ (Signature of Agent Designated when Registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	MALIZIA, MARK J	2. NAME	
STREET ADDRESS	913 EDWARDS ROAD	3. STREET ADDRESS	
CITY, ST, ZIP	FORT PIERCE FL 34982	4. CITY, ST, ZIP	
TITLE	NAME	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VSTD	MALIZIA, DAVID J	22. NAME	
STREET ADDRESS	913 EDWARDS ROAD	23. STREET ADDRESS	
CITY, ST, ZIP	FORT PIERCE FL 34982	24. CITY, ST, ZIP	
TITLE	NAME	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32. NAME	
		33. STREET ADDRESS	
		34. CITY, ST, ZIP	
		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
		43. STREET ADDRESS	
		44. CITY, ST, ZIP	
		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 19 (19) (1), Florida Statutes. I further certify that the information included 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. But I am not liable or claim for the corporation or the officer or director responsible for the information required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR