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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE San**dra** B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400087922 (8)

1. Corporation Name

NEW	METAL.	DESIGN	BY	DAMAR,	INC.
14-77		VEVIAIN		LOT MATERIAL III	1117

14644 141	LINE DECIGIT DI DIMINI	, 1100							
Principal Place	of Business	Mailing Address					i in	# 1 3010 10 113	11315 1151 1881
913 EDWARDS ROAD FORT PIERCE FL 34982		913 EDWARDS ROAD FORT PIERCE FL 34982	913 EDWARDS ROAD FORT PIERCE FL 34982						
						3. Date Incorporated or Qualified 12/02/1994		of Last Re 1/28/199	•
2. Principal Pla	ce of Business	2a. Mailing Address	_,			4. FEI Number	J		Applied For
21		26	F			65-0538541			Vot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired			Additional Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution			May Be	
23	Country	710	Zip Country		B. This corporation has liability for in	ntanoible ta			
Zip 24	25 29 30				Florida Statutes			,	
	g. Name and Address of Curre					10. Name and Address of New Ro	egistered a	Agent	
				B1	Name				
BOYD, J. CURTIS			82	Street Addres	ss (P.O. Box Number is Net Acceptable)				
401A S INDIAN RIVER DRIVE FORT PIERCE FL 34950				83				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				84	City		FL	85 Zip	Code
or registers	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor n, and accept the obligations of, Sec	ida. Such change was auth orz tion 607.0505, Florida Statu tes	ea by the c	corpo	ration's board	tion submits this statement for the pur I of directors. I hereby accept the appo	miniment as	inging its re registered	egistered office agent. I am
	Signature, typied or printed name of registered ages			Agen'	signature required v	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	PS IN 12
12.		ND DIRECTORS DELETE	13. 1.17	ITI E	T	ADDITIONS/CHANGES TO OFFI		Change	Addition
TITLE	PD Malizia, mark j	ב.) ניגננינ	1.2 N				•	J	
NAME	913 EDWARDS ROAD				ADDRESS				
STREET ADDRESS	FORT PIERCE FL 34982			ITY-ST					
CITY - ST - ZIP TITLE	VSTD	☐ DELETE	2.11		- 211			Change	Addition
NAME	MALIZIA, DAVID J	1010		AME.	Ì				ł
STREET ADDRESS	913 EDWARDS ROAD		2.3 STREET ADDRESS		ADDRESS				.
CITY-ST-ZIP	FORT PIERCE FL 34982			1TY-ST					j
TITLE	70117121102120100	DELETE	3.17]	Change	Addition
NAME			3 2 N/	AME					
STREET ADDRESS			33 S	SIREET	AUDRESS				1
C(TY-ST-Z)P			3.4 C	17 - S1	- 7iP				
TITLE		DELETE	4, 1 T	ITLE			Ĺ	Change	☐ Addition
NAME			4.2 N	AME					
STREET ADDRESS			. 4,3 S	TREET A	ADDRESS	•			
CITY-ST-ZIP				1TY - S1	- 7IP				
TITLE		☐ DETEIF	5. 1 1	ITLE			ι	Change	☐ Addition
NAME			5 2 N						
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
CITY-S1-ZIP		push and a pr		11Y - ST	- ZIP			T Change	Addition
TITLE		DELETE	6 1 T				L	Change	□ Modicon
NAME.			62 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	and it that the information remalics	Lwith this filing is valuntarily for	640 hished and	does	-ziP not qualify for	r the exemption stated in Section 119.	07(3)(k). Fic	orida Statut	tes. I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 3 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/90

407-489-5940 Daysino Phone # CR2E034 (12/95)