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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500030734

1. Corporation Name METAL SERVICES CORP

Mailing Address

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90003 007 \*\*\*150.00



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2690 59TH AV St petersbu	/E S IRG FL 33712	2690 59TH AVE S ST PETERSBURG FL 33712							٠.	
	·					DO NOT WRI	TE IN THI	S SPACE		
						3. Date Incorporated or Qualifed 04/14/1995				7
2 Principal	Place of Business	2a. Mailing Address							•	_
2. Thiopart too of Saariess		— ·	<u> </u>			4. FEI Number		<u> </u>	Applied For	
Suite, Apt. #, etc.		26				59-3312359			Not Applicable	<u>.</u>
Suite, Apr. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ .	\$8.75	Additional	- [ -
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City & State		City & State				6. Election Campaign Financing		\$5.0	May Be	
3		28				Trust Fund Contribution			to Fees	
_ Zip ─ı	Country	Zip Country		entry		8. This corporation owes the curre	ent year in	tangible		٦
4] . [25]		29 30				Personal Property Tax.   ☐ Yes ☐ No				
,_	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered	Agent	•	٦
(FA)	ITT OLAHDE V	Carlot Carlot		81 Nan	me					٦٠
JENET, CLAUDE Y 2690 59TH AVE S				82 Stre	oot Addrag	on (B.O. Boy Number is Net Asset	-1-1			_
			82 Street Address (P.O. Box Number is Not Acceptab			DI <del>O</del> )				
SI	PETERSBURG FL 33712			83		1,2,511,2,718,5,812,138,5	10450	1 3.11 3.11 1.11 1.11 1.11 1.11 1.11 1.		$\dashv$
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office or	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change was	ites, the al authorized	bove-name I by the co	ed corpora	ation submits this statement for the part of directors. I hereby access	the appo	f changing it	s registered	]
agent, I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Fi	orida Statı	utes.	<b>p</b>	2 200/4 C/ 4// 200/6/6. 1 1/0/02/ 2000p	are appo	munent as i	egistered	'
SIGNATURE		•								
	Signature, typed or printed name of registered age		E: Registered	Agent signatu	ure required wh	hen reinstating)	DATE			ء
12.	OFFICERS AND DIRECTORS		13.		1	ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECT	ORS IN 12	] }
TITLE	P	☐ DELETE	1.1 TIT	ΊĖ		FJ-9847359		☐ Change	Addition	∩] }
NAME	JENET, CLAUDE Y.		1.2 NA	ME	Ì	,				
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4. 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, with all other like empowered.

SIGNATURE: