


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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000041452

1. Corporation Name
ADVANCED METAL TECHNOLOGIES, INC

Principal Place of Business 4360 NORTHLAKE BLVD # 205 PALM BCH GARDENS, FL 33410	Mailing Address SAME
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2. Principal Place of Business 21 4360 NORTHLAKE BLVD.	2a. Mailing Address 26 4360 NORTHLAKE BLVD
Suite, Apt. #, etc. 22 205	Suite, Apt. #, etc. 27 205
City & State 23 PALM BEACH GARDENS, FL	City & State 28 PALM BCH GARDENS, FL
Zip 24 33410	Country 25 USA
Zip 29 33410	Country 30 USA

3. Date Incorporated or Qualified 5-22-95	3a. Date of Last Report A.6-17-96
4. FEI Number 65-0583874	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTIN E. WASHOFSKY SA PA
4360 NORTHLAKE BLVD # 205
PALM BEACH GARDENS, FL 33410**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Martin E. Washofsky* **MARTIN E. WASHOFSKY** **4/23/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME VAN HORN, JERALD	
STREET ADDRESS 4833 GLADIATOR CIRCLE	
CITY-ST-ZIP GREENACRES, FL 33463	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	MARTIN E. WASHOFSKY
2.4 CITY-ST-ZIP	4360 NORTHLAKE BLVD #205 PALM BCH GARDENS, FL 33410
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	800002197828
4.3 STREET ADDRESS	-06/02/97--01079--012
4.4 CITY-ST-ZIP	***1815.00
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 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: *Martin E. Washofsky* **MARTIN E. WASHOFSKY, DIRECTOR** **4/23/97** **561 694-1726**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)