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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000091407 (3)

1. Corporation Name
A. & T. METAL TECH, INC.



Principal Place of Business

714 N.W. 5 AVE
FT. LAUDERDALE FL 33311
US

Mailing Address

P.O. BOX 4480
FT. LAUDERDALE FL 33338-4480
US

3. Date Incorporated or Qualified 12/01/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0624128	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. 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

21 714 NW 14th Ave

2a. Mailing Address

26 P.O. Box 4480

Suite, Apt. #, etc.

22 N/A

Suite, Apt. #, etc.

27

City & State

23 Ft. Lauderdale Fl.

City & State

28

Zip Country

24 33311 25 Broward

29 30

9. Name and Address of Current Registered Agent

BAILIE, ADAM S
8002 SW 6TH CT
FT LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name Adam Bailie
82 Street Address (P.O. Box Number is Not Acceptable)
2035 SW 19th Ave.
83
84 City Ft. Lauderdale FL 85 Zip Code 33315

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

Adam S. Bailie
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 1/21/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BAILIE, ADAM S
STREET ADDRESS 8002 SW 6TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33068

TITLE D ☐ DELETE
NAME LETENDRE, TIM L
STREET ADDRESS 1320 N ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Adam S. Bailie
1.3 STREET ADDRESS 2035 SW 19th Ave
1.4 CITY-ST-ZIP Ft. Lauderdale Fl. 33315

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Tim Letendre
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Ft. Lauderdale Fl.

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 (954) 523-9174

CR2E034 (9/96)