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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091473 (5) GOLD COAST METAL RECYCLING INC.

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 4845 E. 10 LANE 4845 E. 10 LANE HALEAH FL 33013 HALEAH FL 33013-2127 US						
		••		3. Date Incorporated or Qualified 11/29/1995	3a. Date of Last I 06/09/1996	Report
	lace of Business	26. Mailing Address	/ 14711 57	4. FEI Number 65-0628895	}- 	Applied For
Suite, Apt 22 237	#. etc. 1 N.W. 1475H &	Suite, Apt. #, etc.	7 77 11 11 27	5. Certificate of Status Desired	\$8.75	lot Applicable Additional Required
City & State	c .	City & State	L.	6. Election Campaign Financing		D May Be
7 p	Country C	Zφ	Country	Trust Fund Contribution 8. This corporation has liability for i		to Fees s. 199.032,
24 350	9. Name and Address of Current		30 DADE		Yes No	
MCG	NONIGLE, JAMES T	negistered Agent	81 Name C	4 4	Brereien Waut	
	BANYAN TERRACE			ress (P.O. Box Number is Not Acceptab	lal 4	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PLAN	NTATION FL 33317		2.	300 WELT COPANS	"'RD	
			83		•	
			84 City /0 ~	MAN GEARL	85 Zip	Code 3069
11. Pursuant	to the prof sions of Sections 607 0502	and 607.1508. Florida Statutes				
office or r	egistered agent, or both in the State of	f Florida, Such change was au	ithorized by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appointment a	s registered
SIGNATURI	A avelu-	Signi	E AMOUNT.	1	4/10/97	ļ
<u></u>	Storage typed or printed name of registered agent		Registered Agent signature requi		DATE	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	SCHIANO, FRANK JR.	L. DELETE	1.2 NAME		onlings	
STREET ADDRESS	3220 BAY VIEW DR., #315		1.3 STREET ADDRESS			
CITY - S1 - ZIP	FT. LAND FL		1.4 CITY-ST-ZIP			
THEE		DELETE	21 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CDY-ST ZiE			2. 4 CITY - ST - ZIP			
TOTALE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME		1.	
STREET ADDRESS			3.3 STREET ADDRESS	•		
CCTY - ST - ZIP		DELETE	3.4. CITY - ST - ZIP		Change	Addition
TITLE	<u> </u>	[] Deter	41 TITLE		L_ Ondrige	ייין איזועטאי ייין
NAME CONTINUENTES			4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS						ļ
011Y - \$1 - 200 14TLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change	Addition
NASME			5.2 NAME		and one go	the substitute of
- STREET ADDRESS (5.3 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
CITY - ST - ZIF TITLE		DELETE	61 TITLE		Change	Addition
NAME.			62 NAME		***************************************	
STREET ADDRESS			6.3 STREET ADDRESS		÷	
COTY - ST - Za:			6.4 CITY-ST-ZIP			ļ
United to		(a) A) (400 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		d in Castion 110 07/3/i) Florida Ctatudo	- 1 & b	4 41

I do noreby 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 inclosated 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 phanged, or on an attachment with an address.

SIGNATURE:

L ZE OFFIAND