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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090307 (5)

U.S. METALS, INC.

Principal Place of Business

962 OLD BOYNTON BOAD

Mailing Address

962 OLD BOYNTON ROAD

FILED Jan 22 1997 8:00am Secretary of State



BOYNTON BEACH FL 33435		BOYNTON BEACH FL 33426-3513					
				3. Date Incorporated or Qualified 3s. Date of Last Report 11/04/1996			
	face of Business	2a. Mailing Address			4. FEI Number		Applied For
	LUCERNE AVE	26 P.O. BOX	162	5	65-0704620	<u> </u>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, 22 208 27			etc		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	WORTH FL	City & State 28 LAKE WOR	₹TH_	FL	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 334	Country 25	^{ZID} 33460	Country 30	1		Yes X No	ider s. 199.032,
		nt Registered Agent		·	10. Name and Address of New Re	gistered Agent	
737	ELI, LAWRENCE G E ATLANTIC BLVD MPANO BEACH FL 33060		81 82 83	Street	Address (P.O. Box Number is Not Acceptal	ole)	
			84	City		FL 85	Zip Code
11. Pursuant office or r agent I a	im familiar with, and accept the oblig	jations of, Section 607.0505, Flor	rida Statute	S.	corporation submits this statement for the poration's board of directors. I hereby acce		jing its registered int as registered
	Signature: type-flox printed name of registered au	ont and little if applicable (NOTE: IDIDIRECTORS	Registered Ag	ent signature	required when reinstating).	DATE	OTODO IN 40
12.	D OFFICE AIN	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	JERS AND DIRE	
NAME	BECKER, JOHN C JR	La Pittie	1.2 NAME			/ 24 %	ange Employer
STREET ADDRESS	962 OLD BOYNTON ROAD			ADDRESS	TOB LUCERNE AVE		
CITY-ST-ZiP	BOYNTON BEACH FL 33435		1.4 CITY - 5		LAKE WORTH FL 384	(a)	
TITLE	00111100101111001011	DELETE	2.1 TITLE	31-ZIF		□ Cr	nange Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	r address	·		
CHTY-ST-ZIP			2.4 CITY-				
TITLE		DELETE	3 1 TITLE		21	sc □ Ch	nange Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STAEE	ADDRESS			
CITY - ST - ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ CH	nange Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIF			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			L Cr	nange 🔲 Addition
NAME.			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
City-St-ZiP			54 CITY-	ST-ZIP			
TITLE		☐ DELETE	61 TITLE			☐ Cr	nange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP			

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.

561.588.6588