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 # **P96000103543**1. Corporation Name

SIGNATURE

INDUSTRIAL METALS OF THE SOUTH, INC.

Principal Place	of Business	Mailing Address			1 19911991 119 19119 91111 9911 22117 92101 11911	D-00 (210) 01	
790 SW 21ST T	P O BOX 100247	· •		ļ			
FT LAUDERDALE FL 33312		FT LAUDERDALE FL 33310-0247 US			DO NOT WRITE IN THIS SPACE		
US		uə			3. Date Incorporated or Qualifed		
					12/26/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			52-2020541		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		
22		27.					
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
23 Zip	Country	Zip	Countr	v	This corporation owes the current year Into		
	25	 	0	,	Personal Property Tax.	/ Yes	□No
24	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
	C. Hallo dies Flouidas S. Callent		81	Name			
DICKENSON, DAVID B			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	N FEDERAL HIGHWAY #410		04	. Sueel Addi	ress (ro. Dox Mulliper is Not Acceptable)		A++
BOC	A RATON FL 33432		83	3			
			84	City		85 Zi	p Code
				,	FL		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	e-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing	its registered registered
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	n Honga, Such change was aut ons of, Section 607.0505, Florid	ia Statute	s.	on a board of directors. Thereby accept the appoin		. 55.0
SIGNATURE							
	Signature, typed or printed name of registered agent		tegistered Age	ent signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITTOERS AN	Chang	
NAME	GELPI, JOHN J JR		1.2 NAME				
STREET ADDRESS	401 N ROMAN STREET		_	ET ADORESS			
CITY-\$T-ZIP	NEW ORLEANS LA 20112		1.4 CITY-	1			
TITLE	P	☐ DELETE	2.1 TITLE			Chang	ge Addition
NAME	SMITH, MICHAEL O		2.2 NAME				
STREET ADDRESS	790 SW 21ST TERRACE		2.3 STREE	T ADDRESS			
CITY ST-ZIP	FT-LAUDERDALE FL 33312		2.4 CITY-	ST-ZIP			
TITLE	VP	☐ DELETE	3.1 TITLE		,	☐ Chang	ge Addition
NAME	TEPLITZ, STANLEY		3.2 NAME				
STREET ADDRESS	352 NW 113TH AVE		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4. CITY-	ST-ZIP			
TITLE	ST DELETE 4.1		4.1 TITLE			Chang	ge Addition
NAME	GELPI, JOHN J III		4. 2 NAME	<u> </u>			
STREET ADDRESS	401 N ROMAN STREET		4.3 STREI	ET ADDRESS			
CITY-ST-ZIP	NEW ORLEANS LA 70112	,	4.4 CITY-				
THTLE *	D	☐ DELETE	5.1 TITLE			Chang	ge
NAME	HUTTER, MARILYN		5.2 NAME				
STREET ADDRESS	401 N ROMAN STREET		1	ET ADDRESS			
CITY-ST-ZIP	NEW ORLEAND LA 70112		5.4 CITY-			Chang	ge Addition
TITLE		☐ DELETE	6.1 TITLE			∪ crang	ie □ Worgooi
NAME	10		6.2 NAME				
STREET ANDRESS			■ 6.3 STRE	ET ADDRESS			

14. 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 15 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90108 047 ***150.00