

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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90017 030 ***150.00

DOCUMENT # P97000004465

1. Corporation Name
METAL & SURPLUS, INC.



Principal Place of Business
5100 TOWN CENTER CIRCLE
SUITE 425
BOCA RATON FL 33486

Mailing Address
5100 TOWN CENTER CIRCLE
SUITE 425
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6001 Broken Sound Parkway NW		26 6001 Broken Sound Parkway NW		01/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 406		27 406		65-0720810	
City & State		City & State		Applied For	
23 Boca Raton FL		28 Boca Raton FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33487		29 33487		30 USA	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25 USA		30 USA		8. This corporation owes the current year Intangible Personal Property Tax.	

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

Yes No

9. Name and Address of Current Registered Agent

SINGER, SEYMOUR N ESQ.
25 S.E. 2ND AVENUE
SUITE 730
MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Vice President
NAME	FRIEDMAN, DAVID E	1.2 NAME	FRIEDMAN, DAVID E.
STREET ADDRESS	5100 TOWN CENTER CIRCLE #425	1.3 STREET ADDRESS	6001 Broken Sound Parkway, N.W. Suite # 406
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	Boca Raton FL 33487
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID E. FRIEDMAN 3/30/99 561-395-9848

CR2E034 (1/198)