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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAR MENTOL STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED May 21 1998 8:00am Secretary of State

1998 P97000091565 (6) DOCUMENT # DINO & SONS METAL INC. Principal Place of Business Mailing Address 980 BEAU COURT 900 BEAU COURT ORANGE CITY FL 32763 **ORANGE CITY FL 32763** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/22/1997 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Country Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROMINES, DEAN L 980 BEAU COURT 62 Street Address (P.O. Box Number is Not Acceptable) **ORANGE CITY FL 32763** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 Signature Typed or printed more of registered agent and title it appearable PROSIDENT OF THE PROSID (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. TITLE 1.1 TITLE Addition 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST-ZIP 1.4 C(1Y+S1+2)P Change Addition THUE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP SECRETARY-DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TREASURE -DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-7IP TITLE DELETE 5.1 THEF Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE G 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP

14. Thereby 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 resciver 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 or an attachment with an address.