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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000099483 (4)

ORLANDO METAL PRODUCTS CO.

Principal Place of Business Mailing Address 2830 FORSYTH ROAD 2830 FORSYTH ROAD SUITE 412 SUITE 412 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32792 WINTER PARK FL 32792 3. Date Incorporated or Qualified 11/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3480014 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PAULINO, PEDRO A 10445 CRESTO DEL CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 83 84 City Zip Code 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 Statules. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS F1. 32817 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE Amanda 10445 Presto Del Sol C STREET ADDRESS 2.3 STREET ADDRESS Orl- Fl. 32817 2. 4 CITY - ST - ZIP CITY-ST-ZIP DLLETE Change Addition TITLE Vice- Presiden 3.1 TITLE NAME 32 NAME De/ 50/ STREET ADDRESS 3 3 STREET ADDRESS F/- 32817 CITY-ST-ZIP 3.4. C/1Y - ST- Z/P DELETE Change Addition TITLE **4.1 TITLE** NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS**

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 trustor impowered 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.

6.4 CITY-ST-ZIP

4-22-98 (407/78-2553

FILED

May 04 1998 8:00am

Secretary of State