


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000080170		
1. Entity Name METRIC STEEL CORPORATION		
Principal Place of Business 226 S.W. 45TH STREET CAPE CORAL, FL 33914		Mailing Address 3711 SE 16TH PLACE CAPE CORAL, FL 33904
DO NOT WRITE IN THIS SPACE		
		02252004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0866650		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WRIGHT, CHRISTINE F 1105 CAPE CORAL PARKWAY, EAST SUITE C CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000073933 03/02/04-80057-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREYER, DENNIS OHLENDORFFS TANNEN 36 D-22359 HAMBURG, GERMANY,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREYER, MONIKA OHLENDORFFS TANNEN 36 D-22359 HAMBURG, GERMANY,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREYER, WOLFGANG OHLENDORFFS TANNEN 36 D-22359 HAMBURG, GERMANY,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Wright, Christine F</u> <u>FREYER, WOLFGANG</u> <u>2/25/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		