2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED
Feb 14, 2004 08:00 AM
Secretary of State —

1. Entity Nam S.J. MET	ALS, INC.				- Secretary of State -	
Principal Plac 260 S. MILIT DEERFIELD E	ARY TRAIL 2	ailing Address 160 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442				
DO NOT WRITE IN THIS SPACE				01132004 4. FEI Numbi 65-089		
TROXELL, PAUL 6503 FLAMINGO WAY COCONUT CREEK, FL 33073				DO NOT WRITE IN THIS SPACE		
S. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			· _ ~.	.00 May Be ed to Fees		
10. IIILE NAME STREET ADDRESS CITY-ST ZIP	OFFICERS AND DIRECT D TROXELL, PAUL 260 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	CTORS			U00000051479 02/16/04-80053-010 150.00	
MAME STREET ADDRESS CITY-ST-ZIP					-	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				-	NOT WRITE THIS SPACE	
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 f	iling does not quality for the exe	mption stated in Se	ection 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 it 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.						