


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # V44864 (9) 1. Corporation Name DOT METAL PRODUCTS, INC.		

Principal Place of Business 1857 BRACKEN DR SAN ANTONIO TX 78266 US	Mailing Address PO BOX 26347 JACKSONVILLE FL 32226 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 06/18/1992	3a. Date of Last Report 04/02/1996
4. FEI Number 74-2638457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	300002327053--8
84 City	10/22/97--01081--021 ****750.00

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. Signed 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 607.1505, Florida Statutes.

SIGNATURE Connie Bay SPECIAL ASSISTANT SECRETARY DATE 10/21/97

12. OFFICERS AND DIRECTORS	
TITLE	CEO <input type="checkbox"/> DELETE
NAME	GRAMLING, NADINE
STREET ADDRESS	11801 INDUSTRY DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DC <input type="checkbox"/> DELETE
NAME	GRAMLING, DONNIE L.
STREET ADDRESS	11801 INDUSTRY DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	PLEIMAN, THOMAS C.
STREET ADDRESS	11801 INDUSTRY DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	HARMON, ROBERT
STREET ADDRESS	9419 LAKEWOOD LANE
CITY-ST-ZIP	GARDEN RIDGE TX
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRIAN J. LIPKE
1.3 STREET ADDRESS	3556 LAKE SHORE RD.
1.4 CITY-ST-ZIP	BUFFALO, N.Y. 14219-0228
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALTER ZRAZKUS
2.3 STREET ADDRESS	3556 LAKE SHORE RD.
2.4 CITY-ST-ZIP	BUFFALO, N.Y. 14219-0228
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SELF, TIM
3.3 STREET ADDRESS	11801 INDUSTRY DRIVE
3.4 CITY-ST-ZIP	JACKSONVILLE, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	300002327053--8
4.3 STREET ADDRESS	-10/22/97--01081--022
4.4 CITY-ST-ZIP	*****8.75 *****8.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE Timothy Self, Secy. DATE 10/21/97

FILED

97 OCT 21 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)