

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 309642 (7)

1. Corporation Name
ALPINE ENGINEERED PRODUCTS, INC.



Principal Place of Business: 1731 S.W. 7 AVE, P.O. BOX 2225, POMPANO BEACH FL 33061
Mailing Address: 1731 S.W. 7 AVE, P.O. BOX 2225, POMPANO BEACH FL 33061

3. Date Incorporated or Qualified: 10/06/1966
3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-1150310
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 1200 Park Central Blvd. So., Suite, Apt. #, etc. 22 Pompano Beach, FL 24 33064
2a. Mailing Address: 26 1200 Park Central Blvd. So., Suite, Apt. #, etc. 27 Pompano Beach, FL 28 33064
29 33064 30

9. Name and Address of Current Registered Agent: REGIER, JAROLD W., ESQUIRE, 1731 S.W. 7TH AVENUE, POMPANO BEACH 33066
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 1200 Park Central Blvd. So. 84 City: Pompano Beach, FL 85 Zip Code: 33064

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 607.0508, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD HARDEN, CHARLES W 1731 SW 7TH AVE POMPANO BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME:
STREET ADDRESS			1.3 STREET ADDRESS: 1200 Park Central Blvd. So.
CITY-STATE-ZIP			1.4 CITY-STATE-ZIP: Pompano Beach, FL 33064
TITLE	VSD MCALPINE, WILLIAM R 1731 SW 7TH AVE POMPANO BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME:
STREET ADDRESS			2.3 STREET ADDRESS: 1200 Park Central Blvd. So.
CITY-STATE-ZIP			2.4 CITY-STATE-ZIP: Pompano Beach, FL 33064
TITLE	V & COO DONNINI, RON R 1801 S GREAT SW PARKWAY GRAND PRAIRIE TX	<input type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME:
STREET ADDRESS			3.3 STREET ADDRESS: 2820 No. Great Southwest Parkway
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP: Grand Prairie, TX 75050
TITLE	V WATSON, THOMAS J 1731 SW 7TH AVE POMPANO BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME:
STREET ADDRESS			4.3 STREET ADDRESS: 1200 Park Central Blvd. So.
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP: Pompano Beach, FL 33064
TITLE	V HOOVER, CHARLES H 1950 MARLEY DRIVE HAINES CITY FL	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME:
STREET ADDRESS			5.3 STREET ADDRESS: Donald R. McElvogue
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP: 2002 Sybil Lane #400 Tyler, TX 75703
TITLE	V BICKEL, KARL L 18466 BAUR COURT ST LOUIS MO	<input type="checkbox"/> DELETE	6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME:
STREET ADDRESS			6.3 STREET ADDRESS: 13389 Lakefront Drive
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP: Earth City, MO 63045

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Thomas J. Watson* Thomas J. Watson, V.P. (305) 781-3333

CR2E034 (12/95)