FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H85094** **(1)**

1. Corporation Name
ALUMTECH CORP.

Principal Place of Business
2280 AVOCADO AVE
UNIT 5
MELBOURNE FL 32935
US

Mailing Address
1871 BEL COURT
INDIALANTIC FL 32903
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/13/1985**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21: 2530 KIRBY AVE. N.E.
22 Suite, Apt. #, etc.: # 301
23 City & State: PALM BAY FL
24 Zip: 32905
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-2617123** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BREEDEN, ROBERT A.
1871 BEL CT.
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	BREEDEN, ROBERT A.	1.2 NAME		
STREET ADDRESS	1871 BEL CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	BREEDEN, JAMES D.	2.2 NAME		
STREET ADDRESS	1823 GULF CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	BREEDEN, ANITA	3.2 NAME		
STREET ADDRESS	1871 BEL CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	BREEDEN, TIMOTHY E.	4.2 NAME		
STREET ADDRESS	660 BUTTON AVE., S.E.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Anita S Breeden ANITA BREEDEN, SEC. 4/20/95 407 952-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP