

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 24 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K21423** (4)
1. Corporation Name
A-1 ALUMINUM DESIGN, INC.

Principal Place of Business Mailing Address
4-BURTON P. GUIDELL **4-BURTON P. GUIDELL**
13400 CHAMBOARD STREET, UNIT #10 13400 CHAMBOARD STREET, UNIT #10
BROOKSVILLE FL 34613-4898 BROOKSVILLE FL 34613-4898

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 LAWRENCE F. Hahn		26 Lawrence F. Hahn		04/13/1988	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FFI Number	Applied For
23 City & State		28 City & State		59-2895191	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CANTRELL, RAY L. 13400 CHAMBOARD STREET, UNIT #10 BROOKSVILLE FL 34613				81 Name LAWRENCE F. HAHN	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-18-95**
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	P/C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, LAWRENCE F.	1.2 NAME	HAHN, LAWRENCE F.
STREET ADDRESS	8122 DALAVAN DR.	1.3 STREET ADDRESS	8122 DALAVAN DR.
CITY - ST - ZIP	BROOKSVILLE FL	1.4 CITY - ST - ZIP	BROOKSVILLE FL 34613
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, BARBARA G.	2.2 NAME	
STREET ADDRESS	8122 DALAVAN DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	2.4 CITY - ST - ZIP	
TITLE	PCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTRELL, RAY L.	3.2 NAME	DELETE
STREET ADDRESS	15879 BROOKRIDGE BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTRELL, JOYCE C.	4.2 NAME	CANTRELL, JOYCE C.
STREET ADDRESS	15879 BROOKRIDGE BLVD.	4.3 STREET ADDRESS	15679 BROOKRIDGE BLVD.
CITY - ST - ZIP	BROOKSVILLE FL	4.4 CITY - ST - ZIP	BROOKSVILLE FL 34613
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	NEELEMAN, DAWN M.
STREET ADDRESS		5.3 STREET ADDRESS	1248 PILGRIM RD.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	SPRING HILL FL 34606
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HAHN, JEFFREY S.
STREET ADDRESS		6.3 STREET ADDRESS	7446 MONTROSE AVE.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	BROOKSVILLE FL 34613

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 110.07(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: *[Signature]* DATE **4-18-95** **904 5772287**
Signature and typed or printed name of signing officer or director. Date. (Typed if required)