

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K21423** (4)

1. Corporation Name
A-1 ALUMINUM DESIGN, INC.



Principal Place of Business: **C/O LAWRENCE F. HAHN, 13400 CHAMBOARD STREET, UNIT #10, BROOKSVILLE FL 34613-4896, US**
Mailing Address: **C/O LAWRENCE F. HAHN, 13400 CHAMBOARD STREET, UNIT #10, BROOKSVILLE FL 34613-4896, US**

2. Principal Place of Business		2a. Mailing Address	
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	County	29	County
25		30	

3. Date Incorporated or Qualified 04/13/1988	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2895191	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAHN, LAWRENCE F 13400 CHAMBOARD STREET, UNIT #10 BROOKSVILLE FL 34613		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: _____ #001: Registered Agent signature required when changing. BSM

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, LAWRENCE F.	1.2 NAME	
STREET ADDRESS	8122 DALAVAN DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BROOKSVILLE FL	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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-STATE-ZIP	BROOKSVILLE FL	2.4 CITY-STATE-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEELEMEN, DAWN M	3.2 NAME	
STREET ADDRESS	1248 PILGRIM RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRING HILL FL	3.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTRELL, JOYCE C.	4.2 NAME	
STREET ADDRESS	15679 BROOKRIDGE BLVD.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	BROOKSVILLE FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, JEFFREY S	5.2 NAME	
STREET ADDRESS	7446 MONTROSE AVE.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	BROOKSVILLE FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Cantrell, Ray L.
STREET ADDRESS		6.3 STREET ADDRESS	15679 Brookridge Blvd.
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(3)(g), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Joyce Cantrell* JOYCE CANTRELL 4/3/96 352-597-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)