

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 CHAMBORD STREET, UNIT #10, BROOKSVILLE FL 34613-4896, US

Mailing Address: C/O LAWRENCE F. HAHN, 13400 CHAMBORD STREET, UNIT #10, BROOKSVILLE FL 34613-4881, US

3. Date Incorporated or Qualified: 04/13/1988
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business: 21 13422 Chambord St, Suite, Apt. #, etc. 22
City & State: 23 Brooksville FL
Zip: 24 34613, Country: 25 U.S.

2a. Mailing Address: 26 13422 Chambord St, Suite, Apt. #, etc. 27
City & State: 28 Brooksville FL
Zip: 29 34613, Country: 30 U.S.

4. FEI Number: 59-2895191
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HAHN, LAWRENCE F
13400 CHAMBORD STREET, UNIT #10
BROOKSVILLE FL 34613

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HAHN, LAWRENCE F.	
STREET ADDRESS	8122 DALAVAN DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAHN, BARBARA G.	
STREET ADDRESS	8122 DALAVAN DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NEELEMAN, DAWN M	
STREET ADDRESS	4246 PILORIM RD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CANTRELL, JOYCE C.	
STREET ADDRESS	15679 BROOKRIDGE BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAHN, JEFFREY S	
STREET ADDRESS	7446 MONTROSE AVE.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANTRELL, RAY L.	
STREET ADDRESS	15679 BROOKRIDGE BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Winnick, Dawn M	
3.3 STREET ADDRESS	18218 Sanger Court	
3.4 CITY-ST-ZIP	Hudson FL 34667	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: _____ DATE: _____

CR2E034 (9/96)