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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90115 016 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K21423**

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



Principal Place of Business

13422 CHAMBORD ST.
 BROOKSVILLE FL 34613
 US

Mailing Address

13422 CHAMBORD ST.
 BROOKSVILLE FL 34613
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1988

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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 **Cantrell, Joyce C.**
 82 Street Address (P.O. Box Number is Not Acceptable) **15679 Brookridge Blvd**
 83
 84 City **Brooksville** FL 85 Zip Code **34613**

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 *Joyce C Cantrell*

4/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCD** DELETE
 NAME **HAHN, LAWRENCE F.**
 STREET ADDRESS **8122 DALAVAN DR.**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** DELETE
 NAME **HAHN, BARBARA G.**
 STREET ADDRESS **8122 DALAVAN DR.**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **STD** DELETE
 NAME **WINNICK, DAWN M.**
 STREET ADDRESS **18218 SANGER CT.**
 CITY-ST-ZIP **HUDSON FL**

TITLE **VD** DELETE
 NAME **CANTRELL, JOYCE C.**
 STREET ADDRESS **15679 BROOKRIDGE BLVD.**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** DELETE
 NAME **HAHN, JEFFREY S**
 STREET ADDRESS **7446 MONTROSE AVE.**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** DELETE
 NAME **CANTRELL, RAY L.**
 STREET ADDRESS **15679 BROOKRIDGE BLVD**
 CITY-ST-ZIP **BROOKSVILLE FL**

1.1 TITLE **TSD** Change Addition
 1.2 NAME **Winnick, Donald A.**
 1.3 STREET ADDRESS **18218 Sanger Court**
 1.4 CITY-ST-ZIP **Hudson FL 34667**

2.1 TITLE **D** Change Addition
 2.2 NAME **Plnicki Jr, Chester**
 2.3 STREET ADDRESS **419 Garfield Ave**
 2.4 CITY-ST-ZIP **Mesaryktown, FL 34609**

3.1 TITLE **D** Change 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 **PCD** Change Addition
 4.2 NAME **Cantrell, Joyce C**
 4.3 STREET ADDRESS **15679 Brookridge Blvd**
 4.4 CITY-ST-ZIP **Brooksville FL 34613**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE **VD** Change Addition
 6.2 NAME **Cantrell, Ray L**
 6.3 STREET ADDRESS **15679 Brookridge Blvd**
 6.4 CITY-ST-ZIP **Brooksville FL 34613**

14. I 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, with all other like empowered.

SIGNATURE: *Joyce C Cantrell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

352-597-2284

Date

Daytime Phone #

CR2E034-(1/198)