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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(8)

| GOLD COAST ALUMINUM, INC.  |  |   |  |  |  |   |                             |   |
|--|--|---|--|--|--|---|-----------------------------|---|
| Principal Place o  | f Business   | Mailing Address                                     |  |  | f iffigen alt ift i natit entit ontit                          | )  <b>                                     </b> | 41411 21211                 | ).e 6.eee.  |
| % MARIANNE CLAY % MARIANNE CLAY 6305 SOUTH HEADER CANAL RD. 6305 SOUTH HEADER  |  |   | R CANAL RD.  |  |  |   |                             |   |
| PT ST LUCIE  |  |   | T ST LUCIE FL 34988  |  | 3. Date Incorporated or Qualified                              |   |                             |   |
| 2. Principal Plac  | re of Business   | 2a. Mailing Address                                 |  |  | 4. FE'l Number   |   |                             | pplied For  |
|  | a cr Eddingon  | 26  |  |  | 65-0059156   |   |                             | lot Applicable  |
| Suite, Apt. #.   | etc.   | Suite, Apt. #, etc.                                 |  |  | 5. Certificate of Status Desired                               |   | *                           | Additional<br>Required  |
| City & State   |  | Oty & State   |  |  | 6. Election Campaign Financing                                 |   |                             | May Be  |
| <u> </u>   |  | 28  |  |  | Trust Fund Contribution  8. This corporation has liability for |   |                             | to Fees   |
| Zip  | Country  | Ζφ  | Gountn<br>30   | i  | Florida Statutes Yes   |   | under 5                     | 199.032,  |
|  | 25<br>9. Name and Address of Curre   | 29 ant Registered Agent                             | 30   |  | 10. Name and Address of New I                                  | Registered A                                    | gent                        |   |
|  | 5. Realine and Address of Control  |   | 81   | Name   |  |   |                             |   |
| CLAV M   | IARIANNE   |   | 82   | Street Addr  | ess (P.O. Box Number is Not Acceptal                           | ble)  |                             |   |
|  | OUTH HEADER CANAL RD.  |   | 02   | Street Floor   |  |   |                             |   |
|  | UCIE FL 34988  |   | 63   |  |  |   |                             |   |
| ,,,,,  |  |   | 84   | City   |  | <b>—</b> 1                                      | 85 Zr                       | Code  |
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