

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31304 (1)

1. Corporation Name
ALUMINUM ASSOCIATION OF FLORIDA, BREVARD CHAPTER, INC.



Principal Place of Business 3319 MAGUIRE BLVD., SUITE 155 (32803) P. O. BOX 140532 ORLANDO FL 32814	Mailing Address 3319 MAGUIRE BLVD., SUITE 155 (32803) P. O. BOX 140532 ORLANDO FL 32814-0532
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3. Date Incorporated or Qualified 03/22/1989	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3147059	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CLASSE WANDA
CLASSE MARKETING & MANAGEMENT INC.
3319 MAGUIRE BLVD., SUITE 155
ORLANDO FL 32803**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINDSEY, ALLEN	
STREET ADDRESS	2125 AVOCADO AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, ROBERT D.	
STREET ADDRESS	975 AURORA ROAD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, HUGH	
STREET ADDRESS	1581 ROBERT J. CONLAN BLVD NE #104	
CITY-ST-ZIP	PALM BAY FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	CLASSE, WANDA	
STREET ADDRESS	3319 MAGUIRE BLVD STE 155	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hugh Martin	
2.3 STREET ADDRESS	1581 Robert J. Conlan Blvd. NE#104	
2.4 CITY-ST-ZIP	Palm Bay, FL 32905	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Melkun, Jr.	
3.3 STREET ADDRESS	1161 River Dirve NE	
3.4 CITY-ST-ZIP	Palm Bay, FL 32905	
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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wanda Classe 4-29-97 (407) 898-9287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017296

CR2E037 (9/96)