


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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000043471 (7)</b> 1. Corporation Name <b>A + ALUMINUM INC.</b>	



Principal Place of Business <b>2390 NE 61 PL BRONSON FL 32621 US</b>	Mailing Address <b>8490 NE 61 PL BRONSON FL 32621 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8490 NE 61 PLACE</b> Suite, Apt. #, etc. 22 City & State 23 <b>Bronson, FL</b> Zip 24 <b>FL 32621</b> Country 25 <b>Levy</b>		2a. Mailing Address 26 <b>8490 NE 61 PLACE</b> Suite, Apt. #, etc. 27 City & State 28 <b>Bronson FL</b> Zip 29 <b>32621</b> Country 30 <b>Levy</b>		3. Date Incorporated or Qualified <b>05/14/1996</b>	4. FEI Number <b>59-3381091</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>FUGATE, NORM ESQ. 444 WEST MAIN STREET SUITE 1 WILLISTON FL 32696</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT SAPP</b>	1.2 NAME	
STREET ADDRESS	<b>8490 NE 61 PL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRONSON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELLY SAPP</b>	2.2 NAME	
STREET ADDRESS	<b>8490 NC 61 PL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRONSON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAUN HARVEY</b>	3.2 NAME	
STREET ADDRESS	<b>RT 4 BOX 5005</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLISTON FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_

4-27-98 (352) 486-6884

CR2E034 (10/97)