FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # P9500007165 (0)
1. Corporation Name

AVP CUSTOM SH	EET METAL	PRODUCTS.	INC.
---------------	-----------	-----------	------

Principal Place of Bus		Mailing Address				
1891 ELSA ST. 1891 ELSA ST. NAPLES FL 33942 NAPLES FL 33942						
					3. Date Incorporated or Qualified 3a. (01/27/1995	Date of Last Report
2. Principal Place of E	Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0582947	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	g.		5. Certificate of Status Desired	\$8.75 Additiona! Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible	
24 O N	25	29 urrent Registered Agent	30		Florida Statutes Yes No	
	ance and Address of Ci	unent negistered Agent	8	1 Name	10. Name and Address of New Register	ed Agent
EDWARDS, DIA	AN					
1805 CR 951 Suite E		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
			8	3		
NAPLES FL 33	3999		8	4 City		85 Zıp Code
11. Pursuant to the pr	rovisions of Sections 607.	0502 and 607.1508, Florida St	atutes, the above	named corpor	ration submits this statement for the purpose of	changing its registered office
or registered agent familiar with, and a	it, Or DOUILLANDIO SMILLING	Plorida. Such change was auth Serion 607.0505, Florida Stat	torized by the coi	poration's boar	rd of directors. Thereby accept the appointment	as registered agent. I am
S'GNATURE : Squature	to all Or Sal Dieta and revolution	Tage full union to entrappin safete	(NOTL Registered Ag			
	OFFICERS		13.	on signature recome	ADDITIONS/CHANGES TO OFFICERS A	
FOLE PRA	THOMY Y FICE PRICES PRICES PR	DELETE	1 1 HH			☐ Change ☐ Addition
NAME BY	THONY V FIC	ZIRIKU	1.2 NAMI	:		—
STREET ADDRESS	WIELSE D.	220.12	1.3 STRE	T ADDRESS		
00y S1-200	efter 12	9074a	1.4 City			
		☐ DELETE	2 1 Trīti			Change Addition
NAME			2.2 NAME	ļ		
5 Ret LADURESS				T ADDRESS		
Dify-\$1-2P Inur		DELETE	2 4 CHTY- 3 1 THTLE			Change Addition
NAME -			3 2 NAME			C) Grange E Audition
STREET ADDRESS				ET ADDRESS		
CTY-ST-ZP			3 4 CITY	\$1 - 2IP		
110		DELETE	4. 1 TITLE			☐ Change ☐ Addition
v49:			4.2 NAME			
STREET ADDRESS			4 3 STREE	T ADDRESS		
DiTY-ST-Ziff			44 CITY-			
III.f		DELETE	5 1 TITLE			Change Addition
STREET ASSOCIATION			5 2 NAME			
DOY STIZE				I ADDRESS		
HTLE		DELETE	5 4 CITY - 6 1 TITLE	51-ZIF		Change Addition
NAME			6 2 NAME	-		The country The Vocation
STREET ADDRESS				T ADDRESS		
COLY ST Zin			64 CITY-	ST - ZIP		
 I do hereby certify certify that the info 	that the information supplingation indicated on this	lied with this filing is voluntarily annual report or supplemental	furnished and do	an not qualify to	or the exemption stated in Section 119.07(3)(k), te and that my signature shall have the same leg report as required by Chapter 607, Florida Sta	Florida Statutes. I further nal effect as if made under
oath, thát Lam an i	office: or director of the ci	orporation or the receiver or tru	rated eurboweied	to execute this	report as required by Chapter 607, Florida Sta	tutes; and that my name