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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 309642 (7)

1. Corporation Name  
ALPINE ENGINEERED PRODUCTS, INC.



Principal Place of Business  
1200 PARK CENTRAL BLVD. SO.  
POMPANO BEACH FL 33064  
US

Mailing Address  
1200 PARK CENTRAL BLVD. SO.  
POMPANO BEACH FL 33064-2215  
US

3. Date Incorporated or Qualified 10/06/1966	3a. Date of Last Report 01/30/1996
4. FEI Number 59-1150310	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

REGIER, JAROLD W., ESQUIRE  
1200 PARK CENTRAL BLVD. SO.  
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	HARDEN, CHARLES W	1.2 NAME	
STREET ADDRESS	1200 PARK CENTRAL BLVD. SO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	MCALPINE, WILLIAM R	2.2 NAME	
STREET ADDRESS	1200 PARK CENTRAL BLVD. SO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	DONNINI, RON R	3.2 NAME	
STREET ADDRESS	2820 NO. GREAT SOUTHWEST PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND PRAIRIE TX	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	WATSON, THOMAS J	4.2 NAME	
STREET ADDRESS	1200 PARK CENTRAL BLVD. SO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	MCELVOGUE, DONALD R	5.2 NAME	
STREET ADDRESS	2002 SYBIL LANE #400	5.3 STREET ADDRESS	
CITY-ST-ZIP	TYLER TX	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	BICKEL, KARL L	6.2 NAME	
STREET ADDRESS	13369 LAKEFRONT DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	EARTH CITY MO	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)(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: *William R. McAlpine* Sr. V.P. & Secretary 1-7-97 (454) 761-3333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)