

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 251498

(2)

1. Corporation Name

AAA ALUMINUM STAMPING, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 4:02

Principal Place of Business

3798 E. HILLSBORO AVENUE
P.O. BOX 11911
TAMPA FL 33600-1911

Mailing Address

3798 E. HILLSBORO AVENUE
P.O. BOX 11911
TAMPA FL 33600-1911

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

3. Date Incorporated or Qualified
10/01/1981

4. FEI Number
59-0944102

5. Date of Last Report
04/13/1994

Applied For
Not Applicable

6. Certificate of Status Desired
 \$0.75 Additional Fee Required

7. Election Campaign Financing Trust Fund Contribution
 \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

LAWRENCE, IRVING G.
112 EAST ST
STE A
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name **JANET L. SAUNDERS**
82 Street Address (P.O. Box Number is Not Acceptable)
3731 REDWOOD DR.
83
84 City **LAND-O-LAKES** FL **34639**

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 Statute.

SIGNATURE

Janet L. Saunders

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

(NOTE: Registered Agent signature required when registering)

3/24/95

DATE

12. OFFICERS AND DIRECTORS

		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAUNDERS, JANET L.	1.2 NAME			
STREET ADDRESS	3731 REDWOOD DR	1.3 STREET ADDRESS			
CITY-ST-ZIP	LAND-O-LAKES FL	1.4 CITY-ST-ZIP			
TITLE	DST	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, JANE E	2.2 NAME			
STREET ADDRESS	3731 REDWOOD DR	2.3 STREET ADDRESS			
CITY-ST-ZIP	LAND-O-LAKES FL	2.4 CITY-ST-ZIP			
TITLE	O	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAUNDERS, ANDREW J.	3.2 NAME			
STREET ADDRESS	3731 REDWOOD DR.	3.3 STREET ADDRESS			
CITY-ST-ZIP	LAND O LAKES FL	3.4 CITY-ST-ZIP			
TITLE	VD	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZANELLA, DIANE C.	4.2 NAME			
STREET ADDRESS	450 RIVIERA BAY DR.	4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 stamped, or on an attachment with an address.

SIGNATURE:

Janet L. Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95 818-257-3853

Date

Daytime Phone #