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

**PROFIT CORPORATION** ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 28 1998 8:00am Secretary of State

L	MENT # 5029' ALUMINUM, INC.	14 (5)			AN DANI RIJU OVAY AVON JOOL
Principal Plac	ce of Business	Mailing Address		- I DESTON BRINK BONKE KIDIR KONDI NIGHA BRUK DIGEN DI	BAN BURNY BROW BRANK FREIN 1881
•		1950 MURRELL ROAD			
1960 MURRELL ROAD 1950 MURRELL ROAD ROCKLEDGE FL 32955 ROCKLEDGE FL 32955					
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
5 D:				05/11/1976	
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-1672300	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	10	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zipi	Country	8. This corporation owes or has paid the ci	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curi	rent Registered Agent		10. Name and Address of New Registered	Agent
C	DOK, ROBERT C		81 Name		
1950 MURRELL RD			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	· -· · · · · · · · · · · · · · · · · ·
RO	OCKLEDGE, FL				
			83		
			84 City		85 Zip Code
				FI	_   _
SIGNATURE	Signature, typed or printed name of registinad		Registered Agent signature requ	poration submits this statement for the purpose tition's board of directors. I hereby accept the ap	
TITLE	DP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	COOK, ROBERT CARL	Anna Parents	1.2 NAME		The results The venture (CI)
STREET ADDRESS	1950 MURRELL RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	COOK, SARA E		2.2 NAME		Containing Containing
STREET ADDRESS	1950 MURRELL ROAD #10	)	2 3 STREET ADORESS		
CITY+ST-ZIP	ROCKLEDGE FL		2 4 CITY-ST-ZIP		
TITLE	, , , , , , , , , , , , , , , , , , ,	☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 lock 12 or Flock 13 if changed, or on an attachment with an address.

4076320920