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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOGUMENT # 510128

(2)

POMA	ALUMINUM AND STEEL F	ABRICATORS, INC.				
Principal Plac	e of Business	Mailing Address			1000 0  0  101  1  0  0  1  1  1  1  1	#
9040 BELVEDERE ROAD 9040 BELVEDERE ROAD WEST PALM BEACH FL 33411 WEST PALM BEACH FL					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified	THIS SPACE
					08/09/1976	
2. Principal Place of Business 2a. Mailing Address		<u>├</u> ¬			4. FEI Number	Applied For
21 26					59-1748848	Not Applicable
r <del>-m</del>		Suite, Apt. #, etc.	JITE, APT. #, 6TC.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State	State		5 Fination Commodes Financing	<del></del>
23		<b>├</b> ─ '	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Country		This corporation owes or has paid the state of the s	
24	25	29 30		. The corporation eves of has paid the current your mungible		
	9. Name and Address of Curre		10-1		10. Name and Address of New Registe	·
PO	MA, FRANK		81	Name		
	10 BELVEDERE ROAD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	PALM BCH, FL			Onobe / ide.	oss (F.O. Dox (40/100/10/100/100/10/10/10/10/10/10/10/10	
334	111		83			
			84	City		■ 85 Zip Code
				•		<b>FL</b>
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was :	authorized by t	the corporati	poration submits this statement for the purpo ion's board of directors. I hereby accept the	ose of changing its registered a appointment as registered
SIGNATURE			_			
· · —	Signature, typed or printed hame of registered a	<del></del>		it signature require		ATE
12.	OFFICERS AND DIRECTORS  DELETE		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS	
TITLE	POMA, GIOACCHINO		1.1 TITLE			Change Addition
NAME			1.2 NAME			
STREET ADDRESS	W PALM BCH FL		1.3 STREET A	- 1		
CITY-ST-ZIP TITLE	PTD DELETE		1.4 CITY-ST- 2.1 TITLE	- ZIP		Change Addition
NAME	BOMA FRANK		2.2 NAME			Ti cusude Ti vantion
STREET ADDRESS	9040 BELVEDERE ROAD			(DDDECC		
CITY-ST-ZIP	W. PALM BEACH FL		2.3 STREET A	1		
TITLE	W. FALM DENVILLE	DELETE	2. 4 CITY - ST 3.1 YITLE	- ZIP		Change Addition
NAME			3.2 NAME			Annual Contraction
STREET ADDRESS			3.3 STREET A	ADORESS		
CITY-ST-ZIP			3.4. CITY - ST	1		
TITLE	DELETE		4.1 TITLE	- 211		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	ADDRESS		
CITY-ST-ZIP			4.4 City - St -	- 1		
TITLE	DELETE		5 1 TITLE			Change Addition
NAME			5.2 NAME			•
STREET ADDRESS			5.3 STREET A	DDRESS		
CITY-ST-ZIP			5.4 CITY - ST -	1		
TITLE			6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DORESS		
				ſ		

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.

CIGNATURE.

(10/97)

**FILED** 

Feb 03 1998 8:00am

Secretary of State