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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 556725

(0)

ALUMINIUM INSTALLATIONS, INC.

Principal Place of Business

Mailing Address

4502 FOUNTAINBLEU ROAD

4502 FOUNTAINBLEU ROAD

FILED									
May 09 1997 8:00am									
Secretary of State									

|--|

TAMPA FL 306	34-1322	TAMPA FL 33634-7322							
					3. Date Incorporated or Qualified 12/30/1977	1	te of Las	t Report	
	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			59-1817395	59-1817395			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Dosired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	intry	8. This corporation has liability for	intangible i	·	~=~	
24	25	29	30] Yes [A G. 165.662,	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	gent		
	S, KENNETH J.			B1 Name					
	PA FL 33814			82 Street	Address (P.O. Box Number is Not Acceptate	ole)		· · · · · · · · · · · · · · · · · · ·	
TAM	/ N C 00017			83					
				84 City			85 Z	ip Code	
11. Pureuant	to the provisions of Sections 607.05.03	and 607 1508 Florida Statut	loc the a	bour papac	d correction cubmits this statement for the	<u> </u>	abasain.	. 160 200 101 200	
office or r agent. I a	egistered agent, or both, in the State of maniliar with, and accept the obligation	of Florida. Such change was a tions of, Section 607.0505, Fl	authoriye orida Stat	d by the cor lutes.	d corporation submits this statement for the p poration's board of directors. I hereby accep	ot the appo	ointment	g as registered as registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and file if applicable (NO)	f Registere	o Agent signatur	e required when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12	
TITLE	PTD	☐ DELETE	1.1 0	ILE			Chang	ge 🔲 Addition	
NAME	Buss, Kenneth J., Sr.		1,2 N	MF					
STREET ADDRESS	4502 FOUNTAINBLEU ROAD		1.3 \$1	REET ADDRESS					
CITY-ST-ZIP	TAMPA FL		1,4 0	1Y - \$1 - ZIP					
TALE	VSD	☐ DELETE	2.1 Ti	ILF			Chang	ge 🔲 Addition	
NAME	BUSS, PHYLISS J.		2.2 N	AME					
STREET ADDRESS	4502 FOUNTAINBLEU ROAD		2.3 S	REET ADDRESS				_	
CITY-ST-ZIP	TAMPA FL	T or the	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(1Y - \$1 - ZIP					
TITLE	V DUDO COOTT	☐ DELETE	3.1 71				L Chang	ge [_] Addition	
NAME	BUSS, SCOTT 4502 FOUNTAINBLEU RD		3.₹ N/		1				
STREET ADDRESS	TAMPA FL			REET ADDRESS					
CITY-ST-ZIP TITLE	IAMPA FL	DELETE		ITY-ST-ZIP			— 55		
NAME			4.1 11				☐ Chang	ge Addition	
STREET ADDRESS			4. P. N						
				REET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 TI	TY-ST-7IP			Chang	ne Addition	
NAME		varia					chang	ge Lij Modillom .	
STREET ADDRESS			5.2 N						
CITY-ST-ZIP				REFT ADDRESS					
TITLE		DELETE	5.4 CI 6.4 TI	1Y-S1-7IP			[] Chanc	e Addition	
NAME		Find Octo 1	6.2 N/				J Oriani	yo L. Muuliidii	
STREET ADDRESS									
				REFT ADDRESS					
CITY-ST-ZIP	ay ontify that the information as a clied	with this files does not a set	6.4 CI	IY-ST-ZIP					

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 officed or 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.