

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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 573990 (9)
1. Corporation Name
BUILT-RITE ALUMINUM

Principal Place of Business
1723 N. LECANTO HWY
LECANTO FL 34461
US

Mailing Address
1723 N. LECANTO HWY
LECANTO FL 34461-9681
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1978	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1834360	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KANE, THOMAS P. 1723 N. LECANTO HWY LECANTO FL 32861		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KANE, GARY	1.2 NAME	
STREET ADDRESS	2857 W LIVE OAK ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	KANE, THOMAS	2.2 NAME	
STREET ADDRESS	12 BYRSONIMA CT. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	KANE, VICKY	3.2 NAME	
STREET ADDRESS	12 BYRSONIMA CT. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	KANE, DIANE	4.2 NAME	
STREET ADDRESS	2857 W LIVE OAK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: Thomas P Kane 2/5/97 (352) 746-2075

CR2E034 (9/96)