

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90031 009 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 596251 1. Corporation Name SHORTLEY ALUMINUM, INC.					
Principal Place of Business SHORTLEY ALUMINUM INC 3191 SW 14TH PLACE #18 BOYNTON BEACH FL 33426 US			Mailing Address 3191 SW 14TH PLACE #18 BOYNTON BCH FL 33426 US		
2. Principal Place of Business 21		2a. Mailing Address 26 864 Fairlong Way		3. Date Incorporated or Qualified 11/22/1978	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1862791	
City & State 23		City & State 28 Acworth, GA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29 30101		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHORTLEY, JAMES C. 2575 S.W. 14 STREET BOYNTON BEACH FL 33426				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 3191 SW 14th PL #18	
				83 #18	
				84 City Boynton Beach FL	
				85 Zip Code 33426	
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					
1.1 TITLE <input type="checkbox"/> DELETE PD					
1.2 NAME SHORTLEY, JAMES C.					
1.3 STREET ADDRESS 3191 SW 14TH PLACE #18					
1.4 CITY-STATE-ZIP BOYNTON BEACH FL					
2.1 TITLE <input type="checkbox"/> DELETE SD					
2.2 NAME SHORTLEY, LINDA M.					
2.3 STREET ADDRESS 3191 SW 14 PLACE #18					
2.4 CITY-STATE-ZIP BOYNTON BEACH FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-STATE-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-STATE-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-STATE-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-STATE-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD					
1.2 NAME James Shortley, James C					
1.3 STREET ADDRESS 864 Fairlong Way					
1.4 CITY-STATE-ZIP Acworth, GA 30101					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD					
2.2 NAME Shortley, Linda M.					
2.3 STREET ADDRESS 864 Fairlong Way					
2.4 CITY-STATE-ZIP Acworth, GA 30101					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-STATE-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-STATE-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-STATE-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-STATE-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE: Linda M. Shortley, Secretary 4-24-99 770419-0793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #