SIGNATURE:

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)621038 **DOCUMENT #** 1. Corporation Name TIKI ALUMINUM PRODUCTS, INC. Mailing Address Principal Place of Business 990 N.W. 13TH TERRACE 990 N.W. 13TH TERRACE FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 3a. Date of Last Report 3. Date Incorporated or Qualified 05/07/1979 05/01/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 59-1919888 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Florida Statutes ▼ Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PFISTER, THOMAS Street Address (P.O. Box Number is Not Acceptable) 3200 NW 114TH AVE 83 **CORAL SPRINGS FL 33065** Zip Code 85 City 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 (No. 11). Programmed Agent Suprature responsed where two challed DA⁷L Signature, typen or printed came of requires it ages thand the it authorises ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition C) DELETE 1.3 THUE III: E 1.2 NAME WADE, KENNETH A. NAME 1049 VAN BUREN STREET 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 1 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2 1 THLE PFISTER, THOMAS 2.2 NAME NAME 3200 NW 114TH AVE 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 24 CITY-ST-ZIP CITY - ST - ZIP ☐ Change nortibbA 🔲 DELETE 3 1 TUTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 C+TY - ST - ZIP CITY-ST-ZIP Addition DELETE 4 1 TIFLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE THILE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY - ST - ZIP Change | Addition DELETE 6 1 TiTLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the correlation or this recover of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name cannot in Rock 13 of those 13 if chapter. appears in Block 12 or Block 13 if changed 954-463-8441 April 29, 1996

SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)