

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 623470 (2)

1. Corporation Name
ALL-BRITE ALUMINUM, INC.

Principal Place of Business

3365 OVERLAND RD
APOPKA FL 32703

Mailing Address

3365 OVERLAND RD
APOPKA FL 32703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1944976	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CARTER, ELIZABETH K.
1233 HIGHLAND ACRES RD.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

OFFICERS AND DIRECTORS

12.	TITLE	P	DELETE <input type="checkbox"/>
	NAME	CARTER, R. MICHAEL	
	STREET ADDRESS	1233 HIGHLAND ACRES RD	
	CITY-ST-ZIP	APOPKA FL	
	TITLE	ST	DELETE <input type="checkbox"/>
	NAME	CARTER, ELIZABETH K.	
	STREET ADDRESS	1233 HIGHLAND ACRES RD	
	CITY-ST-ZIP	APOPKA FL	
	TITLE		DELETE <input type="checkbox"/>
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		DELETE <input type="checkbox"/>
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		DELETE <input type="checkbox"/>
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

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.

SIGNATURE: X

[Signature] 1-21-98 290-2430

CR2E034 (10/97)