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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 670548

(7)

ABACO ALUMINUM COMPANY

Principal Place of Business

Mailing Address

1209 S E 9TH TERRACE CAPE CORAL FL 33990

1209 S E 9TH TERRACE CAPE CORAL FL 33990-3006

FILED Apr 25 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified
2. Principal Pi	lace of Business	2a. N	2a. Mailing Address				4. FEI Number Applied For
21			26				59-1999373 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22			27				Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Z(p	Country		'ıp	$-^{\circ}$	ountry	′	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29		30			Florida Statutes 🔲 Yes 🗌 No
	9. Name and Address of Curren	t Registe	red Agent			r- 	10. Name and Address of New Registered Agent
	NADOE, CARL				81	Name	
1209			82	Street A	Address (P.O. Box Number is Not Acceptable)		
CAPI	E CORAL FL 33904						
					83		"
					84	City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607	.1508, Florida Statute	es, the	abov	L c-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligi	of Horida ations of, S	. Such change was a Section 607.0505, Flo	authori. orida S	zed by tatute:	y the corp s.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature typed or printed name of registered agent and tilk if appreciate. (NOTE Registered Agent signature required when reinstaling) DATE							
12.	OFFICERS AND DIRECTORS			1	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THTLE	PVO		DELETE	1.	TOLE		↑ Change Addition
NAME	VARNADOE, CARL H			1.2	1.2 NAME		CARL H. VARNADOE
STREET ADDRESS	REET ADDRESS 3850 LITTLE CREEK DRIVE			1.3	1.3 STREET ADDRESS P.		P.O. BOX 150872 "N/A"
CITY-ST-ZIP	FT MYERS, FLORIDA 0		140		1 CITY-S	T-71P	CARE COERCIFL 33915
TITLE			DELETE		TITLE		VP Change Addition
NAME				2.2 NAME			KEITH W. VARNAGOE
STREET ADDRESS				2.3 STREE		ADDRESS	RO. BOX 150872 "N/A"
ì	ì			2.401		· · · · · · · · · · · · · · · · · · ·	Cape Coen -, F1 33915
CITY-ST-ZIP TITLE				1 TIMF	51-ZIP	T Change LL Addition	
NAME				NAME	i	KEVIN L. UMENHOOE	
•				1			P.O. Box 150872 NA
STREET ADDRESS						ADDRESS	,
CITY-ST-ZIP			Decirie		I. C/I Y - :	S1 - ZIP	CARE CORDE, FI 33915
TITLE			DELETE	1	TITLE	<u> </u>	Change Addition
NAME					2 NAME		KRISTOPHER R. VARUADOE P.O. Box 150872 "N/A"
STREET ADDRESS				4.3	STREET	ADDRESS	1 %
CITY-ST-ZIP				4.9	CITY S	1 - Z(P	CAPE CORDL, F1 33915
TITLE			DELETE	5.1	TITLE		Change Addition
NAME				5.2	NAME)	
STREET ADDRESS				5.3	STREET	ADDRES\$	
CITY-ST-ZIP				5.4	CHY-S	i1 - ZIP	
TITLE			DELETE	61	TITLE		Change Addition
NAME				6.2	NAME)	
STREET ADDRESS				6.5	3 STREET	ADDRESS	
CITY-ST-ZIP					CITY-S		
JIII V1-44							<u> </u>

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.