

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 03 1997 8:00am  
Secretary of State

DOCUMENT # 844103 (2)  
1. Corporation Name  
HYDRO ALUMINUM ROCKLEDGE, INC.



Principal Place of Business  
100 GUS HIPP BLVD.  
ROCKLEDGE FL 32955

Mailing Address  
100 GUS HIPP BLVD.  
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1979		3a. Date of Last Report 05/01/1996	
21		26		4. FEI Number 59-1930466		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

HERRON, DENNIS J.  
100 GUS HIPP BOULEVARD  
ROCKLEDGE FL 32955

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

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BASWELL, DALE C	
STREET ADDRESS	100 GUS HIPP BLVD	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HERRON, DENNIS J	
STREET ADDRESS	100 GUS HIPP BLVD	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DENNIS J. HERRON	
STREET ADDRESS	100 GUS HIPP BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOGSTAD, ROLF E.	
STREET ADDRESS	800 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD J. KNOLL, JR.	
STREET ADDRESS	100 GUS HIPP BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAURIDSEN, LAURIDS	
STREET ADDRESS	1807 E MAUMEE ST	
CITY-ST-ZIP	ADRIAN MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Boehman, Richard J.	
1.3 STREET ADDRESS	100 Gus Hipp Blvd.	
1.4 CITY-ST-ZIP	Rockledge, RL 32955	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Herron, Dennis J.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

CR2E034 (4/97)