FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMEN	NT #	F029	02

(7)

1. Corporation Name

ALL AMERICAN ALUMINUM, INC.

Country

9. Name and Address of Current Registered Agent

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T

2. Principal Place of Business

OCALA FL 32676

Suite, Apt. #, etc.

City & State

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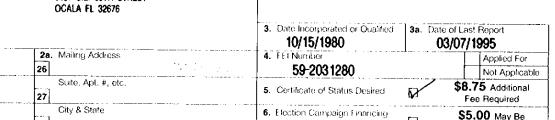
Zφ

Mailing Address

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3401 S.E. 95TH STREET



EARNEST, CHARLES C., JR. 3401 S.E. 95TH STREET OCALA FL 34480

. L		10. Name and Address of New Registered Agent	
1	81	Name	
ŀ	82	Street Address (P.O. Box Number is Not Acceptable)	
1	83		
Ī	84	City 85 Zip Coc	de .

Trust Fund Contribution

Florida Statutes

8. This corporation has liability for intangible tax under s. 199.032,

☐ Yes ☐ No

Added to Fees

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505. Florida Statutes.

Country

30

SIGNATURE					
SIGNATURE -	Signature, typeo or printed name of registered agent and tille if as s	dicette (NC	JTE: Flogish red Agrini signature requiren	when remetating DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN	
TITLE	DP	DELETE	1. 1 TOLE	Chang.	
NAME	EARNEST, CHARLES C, JR		1.2 NAME		
STREET ADDRESS	3401 SE 95TH ST		13 STHEET ADDRESS		
CITY - ST - Z/P	OCALA FL		1.4 CITY - \$1 - 7IP		
TITLE	ST	□ DELETE	2 1 THEF	Change	Add tion
NAME	EARNEST, NANCY		2.2 NAME		_
STREET ADDRESS	3401 SE 95TH ST		2.3 STREET ADDRESS		
CITY - ST - ZIP	OCALA FL		2.4 CITY - ST - ZIF		
TITLE	AS	DELETE	3 1 THLE	☐ Change	Addition
IAME	EARNEST, CHARLES KEITH		3.2 NAME		
TREET ADDRESS	9600 SW 36TH AVE, LOT 126		33 STREET ADDRESS		
ITY-ST-ZiP	BELLEVIEW FL 34420		3.4 CITY - \$* - 7IP		
ITLE		[] DELETE	4. 1 TITLE	Change	Addition
AME			4.2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
ITY - ST - ZIP			4.4 CITY - ST - ZIF		
IT.E		☐ DELETE	5 1 THILE	Change	☐ Addition
AME			5.2 NAME		
IREF LADDRESS			5 3 STREET ADDRESS		
ITY-ST-7IP			5.4 CITY - \$1 - 2IP		
ITLE		DELFTE	6 1 11"LF	☐ Change	Addition
IAME			6.2 NAME		
TREET ADDRESS			63 STREET ADDRESS		
ITY-ST-ZIP			6 4 0 I I Y - S1 - 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 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

SIGNATURE:

3/25/96 352-245-3697