


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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90001 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F05506**  
 1. Corporation Name  
**PYRAMID ALUMINUM, INC.**

Principal Place of Business 12890 STARKEY RD.. SUITE 10 LARGO FL 33773 US	Mailing Address 12890 STARKEY RD.. SUITE 10 LARGO FL 33773 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 530 Commerce Drive S. Suite, Apt. #, etc. 22 Suite 4 City & State 23 Largo, FL Zip 24 33770		2a. Mailing Address 26 530 Commerce Drive S. Suite, Apt. #, etc. 27 Suite 4 City & State 28 Largo, FL Zip 29 33770		3. Date Incorporated or Qualified 11/14/1980		4. FEI Number 59-2041293		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**POPIOLEK, GAIL**  
 12890 STARKEY ROAD  
 SUITE #10  
 LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)	530 Commerce Drive South		
83	Suite 4		
84 City	Largo	85 Zip Code	33770

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPIOLEK, WAYNE	1.2 NAME	
STREET ADDRESS	12890 STARKEY RD #10	1.3 STREET ADDRESS	530 Commerce Drive South #4
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Largo, FL 33770
TITLE	PTSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPIOLEK, GAIL	2.2 NAME	
STREET ADDRESS	12890 STARKEY RD #10	2.3 STREET ADDRESS	530 Commerce Drive South #4
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	Largo, FL 33770
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPENHEIMER, FRED	3.2 NAME	
STREET ADDRESS	12890 STARKEY RD #10	3.3 STREET ADDRESS	530 Commerce Drive South #4
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, FL 33770
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Shirley A Popiolek* EQUIGATO A POPIOLEK 4/20/99 727/585-8441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)