

**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

**DOCUMENT # F20871 (2)**

1. Corporation Name

**PANZER ALUMINUM PRODUCTS, INC.**



Principal Place of Business

**1801 NW 29 ST  
OAKLAND PARK FL 33311**

Mailing Address

**1801 NW 29 ST  
OAKLAND PARK FL 33311**

3. Date Incorporated or Qualified  
**02/23/1981**

3a. Date of Last Report  
**03/06/1995**

2. Principal Place of Business

**21 1166 NE 24 CT.**

Suite, Apt. #, etc.

**22**

City & State

**23 WILTON MANORS, FL**

Zip

**24 33305**

Country

**25 USA**

2a. Mailing Address

**26 1166 NE 24 CT.**

Suite, Apt. #, etc.

**27**

City & State

**28 WILTON MANORS, FL**

Zip

**29 33305**

Country

**30 USA**

4. FEI Number

**59-1925677**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SMITH, STEVEN W  
1801 NW 29 ST  
OAKLAND PARK, FL  
33311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1166 NE 24 CT.**

83

84 City

**WILTON MANORS**

**FL**

85 Zip Code

**33305**

10. Name and Address of New Registered Agent

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 or director (if applicable)

(NOTE: Registered Agent signature required when reappointing)

**4-15-96**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SMITH, CHARLES M**  
STREET ADDRESS **701 FERNWOOD ROAD**  
CITY-ST-ZIP **KEY BISCAVNE FL**

TITLE **PD** ☐ DELETE

NAME **SMITH, STEVEN W**  
STREET ADDRESS **1077 NE 35TH ST**  
CITY-ST-ZIP **OAKLAND PARK, FL 00000**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 if changed, or on an attachment with an address.

**SIGNATURE:**

**STEVEN SMITH**

**4-15-96 954-566-2963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)