SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 AUG 30 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F58654 (7)

1. Corporation Name
ALPHA & OMEGA BUILDING SYSTEMS, INC.

Principal Place of Business
~~218 SOUTH "F" STREET~~
~~LAKE WORTH FL 33460~~

Mailing Address
~~218 SOUTH "F" STREET~~
~~LAKE WORTH FL 33460~~

2. Principal Place of Business
21 3923 LAKE WORTH RD
Suite, Apt. #, etc.
22 #115
City & State
23 LAKE WORTH FLA.
Zip 24 33461 Country 25 PB

2a. Mailing Address
26 BOX 4111
Suite, Apt. #, etc.
27
City & State
28 LANTANA FLA.
Zip 29 33465-4111 Country 30 PB

3. Date Incorporated or Qualified: 12/16/1981
3a. Date of Last Report: 06/13/1995
4. FEI Number: 59-2140765 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
RYGWALSKI, JOSEPH
1401 TROPICAL DRIVE
LAKE WORTH FL 33460

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: type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required if entries changed) Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RYGWALSKI, JOSEPH	
STREET ADDRESS	1401 TROPICAL DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VD	☐ DELETE
NAME	DORAN, JAMES F	
STREET ADDRESS	1318 LAKE ERIE DR	
CITY-ST-ZIP	LAKE WORTH FL 33462	
TITLE	SD	☐ DELETE
NAME	ADAIR, MARILYN O.	
STREET ADDRESS	303 ARABIAN ROAD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
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		

JP 8/30

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: JOSEPH RYGWALSKI Sr. 8/11/96 561 5066556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (3/96)