

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 29 1998 8:00am
 Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # G12779 (6)
 1. Corporation Name
AMERICAN ALUMINUM & INSULATION FIREPROOFING COMP ANY, INC.

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|---|---|
| Principal Place of Business 3144 S.W. 13TH DRIVE DEERFIELD BEACH FL 33442 | Mailing Address 3144 S.W. 13TH DRIVE DEERFIELD BEACH FL 33442 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 22 | 26 | 27 | 12/10/1982 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 | | 28 | | 65-0201266 | |
| City & State | | City & State | | Applied For | |
| 24 | | 29 | | Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | |
| 25 | 29 | 30 | 30 | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | 17057 | U.S.A. | 6. Election Campaign Financing Trust Fund Contribution | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | |
| HILL, RICHARD T. 18947 LACOSTA LANE BOCA RATON FL 33496 | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| HILL, RICHARD T. 18947 LACOSTA LANE BOCA RATON FL 33496 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 85 | Zip Code |
| | | | | | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|---------------------------|--|---|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HILL, DAVID | | 1.2 NAME | | |
| STREET ADDRESS | C/O 150 FULLING MILL ROAD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIDDLETOWN PA | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HILL, RICHARD T. | | 2.2 NAME | | |
| STREET ADDRESS | 18947 LACOSTA LANE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WIDEL, GREGORY E. | | 3.2 NAME | | |
| STREET ADDRESS | 322 TAYLOR ST. | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LEBANON PA | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KESSEL, DEBBIE K. | | 4.2 NAME | | |
| STREET ADDRESS | 150 GROFT DR. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW OXFORD PA | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | VT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | v. Michael Eitler III | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 1801 Oberlin Road | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Middletown, PA 17057 | |
| 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.

SIGNATURE: V. Michael Eitler III 07/24/98 (717) 986-9045

CR2E034 (5/98)