

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G14672 (1)
 1. Corporation Name
OHRT'S QUALITY ALUMINUM CONSTRUCTION, INC.



Principal Place of Business 1100 U.S. 27 NORTH #56 SEBRING FL 33870	Mailing Address 1700 JER KAY LANE SEBRING FL 33870 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 33870 21 1515 PROSPECT DR SEBRING, FL Suite, Apt. #, etc.		2a. Mailing Address 26 1515 PROSPECT DR. SEBRING 33870 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/22/1982	
22 City & State		27 City & State		4. FEI Number 59-1568947	
23 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCOLLUM & JOHNSON PA 129 S COMMERCE AVE SEBRING FL 33870				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	SOLYNTJES, JENNIFER A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1515 PROSPECT	1.2 NAME	
STREET ADDRESS	SEBRING, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE V	OHRT, JAMES E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	212 KITE STREET	2.2 NAME	
STREET ADDRESS	SEBRING, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	OHRT, FLORENE L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1700 JERI KAY LANE	3.2 NAME	
STREET ADDRESS	SEBRING, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE PD	SOLYNTJES, THOMAS M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1515 PROSPECT	4.2 NAME	
STREET ADDRESS	SEBRING, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	OHRT, EVERETT R.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1700 JERI KAY LANE	5.2 NAME	
STREET ADDRESS	SEBRING FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: *Sandra B. Mortham* EVERETT OHRT, Director

CR2E034 (10/97)