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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	**************************************				
DOCU 1. Corporation	MENT # H54	4566 (5	5)			
TED'	'S ALUMINUM, INC.			\$ PRESENT BIRG BISH BIRDA BISHB BISHB B	nil a a rki arada mumak memili	ANDER DIGIN TITLI IAT
Dvicoinal Place	o of Purposes	Molling Addition				
Principal Place of Business		Mailing Address				
	ore e. Warren On avenue	% THEODORE E. 5434 ORTON AV				
Spring H	HLL FL 34608	SPRING HILL FL	34608	3. Date Incorporated or Qualified	3a. Date of Last	Report
				04/19/1985	04/13	
	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt.	#. etc.	Suite. Apt. #, etc		59-2527182		Not Applicab 75 Additional
	,	27		5. Certificate of Status Desired	1 1 '	e Required
City & Stati	e	City & State		6. Election Campaign Financing	\$5.	. 00 May Be
3] Zeo	Country	28	Country	Trust Fund Contribution		ded to Fees
- Zπρ []	Country 25	Zip [29]	Country 30	B. This corporation has liability for Florida Statutes	intangible tax under	s 199.032,
	g, Name and Address of C	ence - college de come en la college de la c		10. Name and Address of New R		
			81 Name			
	REN, THEODORE E.		82 Street Add	dress (P.O. Box Number is Not Acceptat	ile)	
	ORTON AVENUE NG HILL FL		83			
SPRIN	NG MILL PL					
			84 City		FL 85	Zip Code
or register	red agent, or both, in the State o	if Florida. Such change was auth	orized by the corporation's bo.	oration submits this statement for the pur	roose of changing it	s registered offi red agent. Lam
or register familiar wi	to the provisions of Sections 607 red agent, or both, in the State of ith, and accept the obligations of Sanatra, typed or princed name of registers.	of Florida. Such change was auth f, Section 607.0505, Florida Statu	orized by the corporation's bo.	ard of directors. I hereby accept the appi	roose of changing it	s registered offi red agent. I am
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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:

SALLO D. WOLLDON HATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10 96 352-683-6340