

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H54566** (5)  
1. Corporation Name  
**TED'S ALUMINUM, INC.**



Principal Place of Business <b>% THEODORE E. WARREN</b> <b>5434 ORTON AVENUE</b> <b>SPRING HILL FL 34808</b>	Mailing Address <b>% THEODORE E. WARREN</b> <b>5434 ORTON AVENUE</b> <b>SPRING HILL FL 34808-2141</b>
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3. Date Incorporated or Qualified <b>04/19/1985</b>	3a. Date of Last Report <b>04/16/1996</b>
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2. Principal Place of Business 21 <b>7415 Jasbow Jct.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Brooksville, FL</b> Zip 24 <b>34613</b> Country 25 <b>Hernando</b>	2a. Mailing Address 26 <b>7415 Jasbow Jct.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Brooksville, FL</b> Zip 29 <b>34613</b> Country 30 <b>Hernando</b>
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4. FEI Number <b>59-2527182</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WARREN, THEODORE E.**  
**5434 ORTON AVENUE**  
**SPRING HILL FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>7415 Jasbow Junction</b>
83 <b>Brooksville</b>
84 City
85 Zip Code <b>FL 34613</b>

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 and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN, THEODORE E.</b>	
STREET ADDRESS	<b>5434 ORTON AVENUE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN, KAREN D.</b>	
STREET ADDRESS	<b>5434 ORTON AVENUE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>7415 Jasbow Junction</b>	
1.4 CITY-ST-ZIP	<b>Brooksville FL 34613</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>7415 Jasbow Junction</b>	
2.4 CITY-ST-ZIP	<b>Brooksville FL 34613</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Karen D. Warren** 4-22-97 352-596-7538

CR2E034 (9/96)