PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

}	1999				
DOCL	IMENT#	U56172			

1. Corporat	IIN ALUMINUM, INC									
Principal Pla	ace of Business	Mailing Address	-					I SOL DIGHT OIL	911 84817 <b>6</b> 16	)))
% GREGORY 2750 N. FED STUART FL :	ERAL HWY	% GREGORY H. MOORE 2750 N. FEDERAL HWY STUART FL 34994		DO NOT WRITE IN THIS SPACE						
							3. Date incorporated or Qualifed 05/09/1985			•
2. Principal	Place of Business	2a. Mailing Address					4. FEI Number			Applied For
21		26					59-2532508			Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired			5 Additional Required
City & S	tate	City & State					6. Election Campaign Financing		\$5.0	00 May Be
23		28					Trust Fund Contribution			ed to Fees
Zip	Country	Zip	C	ountry	,		8. This corporation owes the curren	t vear Inta	angible	
24	[25]	29	30				Personal Property Tax.	•	Yes	□No _
	9. Name and Address of Current		·····				10. Name and Address of New Re	gistered /	Agent	
				81	Na	ame				
	DORE, GREGORY H.			02	-		rece /D O. Boy Number is Not Ascentable	<u></u>		
27	50 N. FEDERAL HWY			82 Street Address (P.O. Box Number is Not Accept			less (F.O. Box Number is Not Acceptable	<del>c</del> )		
ST	UART FL 34994			83						
									<del></del>	
				84	Çi	ty		FL	85 Z	ip Code
l office o	nt to the provisions of Sections 607.0502 or registered agent, or both, in the State of I am familiar with, and accept the obligati	of Florida, Such change was ions of, Section 607.0505, I	s autnoriz Fiorida Si	zed by tatutes	tne	corporation	on's board of directors. ( nereby accept	arpose of o	changing itment as	its registered registered
10	Signature, typed or printed name of registered agent			3.	nt sign	ature require	d when reinstating) ADDITIONS/CHANGES TO OFFI		D DIREC	TORS IN 12
12.	OFFICERS ANI	DELETE	_	J. 1 TITLE			ADDITIONS/CITAINGES TO OFF	JERO AIT	Chang	
TITLE	PD PECOPY	□ beceie								,
NAME	MOORE, GREGORY ss 2511 NE PINECREST LK BLV			1.2 NAME 1.3 STREET ADDRESS						
STREET ADORE	· · · · · · · · · · · · · · · · · · ·					RESS				
CITY-ST-ZIP	JENSEN BEACH FL	DELETE		1.4 CITY-ST-ZIP			<del></del>		Chang	ge Addition
TITLE	STD			2.1 TITLE						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	MOORE, PATRICIA			2 NAME						
STREET ADDRE	l			3 STREET						
CITY-ST-ZIP	JENSEN BEACH FL			4 CITY-S	ST-ZIP				- Chang	ge Addition
TITLE	VD	→ DELETE		1 TITLE					Cuant	ge 🗆 Addition
NAME	WEST, CHARLES			3.2 NAME						
STREET ADDRE	,		3.3	3.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	JENSEN BEACH FL			3.4. CITY-ST-ZIP		<u>'</u>				Addition
TITLE		☐ DELETE		1 TITLE		\ \			☐ Chanç	ge
NAME			4.	4. 2 NAME		ļ				
STREET ADDRE	ss		4.	3 STREE	TADD	RESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.	1 TITLE					Chang	ge 🔲 Addition

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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

2/20/99 56/692/454 Date Date Dayline Phone #

☐ Change

☐ Addition

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90025 033 \*\*\*150.00

CR2E034 (11/98)