FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J63866** **(4)**

1. Corporation Name
PERFECTION ALUMINUM, INC.

Principal Place of Business	Mailing Address
3414 S.W. 17TH PLACE CAPE CORAL FL 33914	3414 S.W. 17TH PLACE CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1987
3a. Date of Last Report: 05/13/1994

2. Principal Place of Business	2a. Mailing Address
21 5760 Youngquist Rd	26 5760 Youngquist Rd
Suite, Apt. #, etc. 22 #10	Suite, Apt. #, etc. 27 #10
City & State 23 Ft. Myers, FL	City & State 28 Ft. Myers, FL.
Zip / Country 24 339 / 25	Zip / Country 29 3 / 30

4. FEI Number: 59-2796535 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *The corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLEIN, RICHARD C.
3414 S.W. 17TH PLACE
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 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 Richard K. Klein Donna K. Klein DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Required if agent signature requirement remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSP	1.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, RICHARD C.	1.2 NAME	
STREET ADDRESS	3414 S.W. 17TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, DONNA K.	2.2 NAME	
STREET ADDRESS	3414 S.W. 17TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, DONNA K.	3.2 NAME	
STREET ADDRESS	3414 S.W. 17TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, PATRICIA	4.2 NAME	
STREET ADDRESS	3414 S.W. 17TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard K. Klein Donna K. Klein 1/11/95 813-481-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040064 FP