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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90128 047 \*\*\*150.00

ALUMINU	JM OF FLORIDA, INC.	<u></u>			
Principal Place	e of Business	Mailing Address			
5601 HAINES R BLDG. 1. UNIT ST. PETERSBUR US	D. 2-3-4	5601 HAINES RD. BLD. 1, UNIT 283 ST. PETERSBURG FL 33714 US		<ol> <li>Date Incorporated or Qualified 06/25/1987</li> </ol>	E IN THIS SPACE
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2807942	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	and the second s	27			Tee required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	nt year Intangible
24	25	29 30	<u></u>	Personal Property Tax.  10. Name and Address of New Ro	
	9. Name and Address of Curren	t Registered Agent	81 Name n.4		
ecn	WARTZBERG, MICHAEL S.			ichael S. Sch	WartzBERG
	1ST AVE		82 Street Add	ress (P.O. Box Number is Not Acceptate	ole) 2+ h
	PETERSBURG FL 33701		83	XX 1-1 700 100	
31 1	EIENSBONG I E 30701		65		
	•		84 City ST	- De tre	FL 85 Zip Code 337/0
		2 1 007 4500 Fly ide Statutes		poration submits this statement for the pon's board of directors. I hereby accept	was of changing its registered
office or i agent. I a	to the provisions of Sections 607.050. registered agent, or both, in the State of familiar with, and accept the obligations of the sections of the section of the	of Florida. Such change was authoritions of, Section 607.0505, Florida	orized by the corporation Statutes.	oration submits this statement for the pon's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Reg	gistered Agent signature require	ed when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	P/V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, CARLOS E.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33714		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, WANNETTA E.	•	2.2 NAME		بالمهلية والمنافق لليعارة الوالها أأداء الرازيل
STREET ADDRESS		ياريانيف تالمحف موف≖ فريني	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33714		2. 4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DANIEL, MARK R		3.2 NAME		
STREET ADDRESS	TOOL HANDED DD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	}	,	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	}		5.2 NAME		•
STREET ADDRESS	s		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TILE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME					
I LANGUAGE			6.2 NAME		
STREET ADDRESS	s		6.2 NAME 6.3 STREET ADDRESS		

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 own attachment with an address, with all other like empowered.

CIONIATURE.

Namita RINGANEAR

1-14-99

Sec.