

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

FILED
Jun 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J81768 (0)

1. Corporation Name
ALOMA GARAGE DOORS, INC.



Principal Place of Business 3900 ALOMA AVE BLD W-8 WINTER PARK FL 32792 US	Mailing Address 110 E. TRADE WINDS ROAD 2632 VERDE LANE WINTER SPRINGS FL 32708-3521 US
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3. Date Incorporated or Qualified 06/29/1987	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2830026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3500 HLOMAN AVE	26 PO BOX 4337
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 0-04-9	27
City & State	City & State
23 WINTER PARK FL	28 WINTER PARK FL
Zip 32792 Country	Zip 32792 Country
24 FL 25 ORANGE	29 FL 30 ORANGE

9. Name and Address of Current Registered Agent MILLER, EVELYN F I 110 E TRADEWINDS RD WINTER SPRINGS FL 32708	10. Name and Address of New Registered Agent 81 Name EVELYN F MILLER 82 Street Address (P.O. Box Number is Not Acceptable) 110 E TRADE WINDS RD 83 84 City WINTER SPRINGS FL 85 Zip Code 32708
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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 Evelyn F. Miller 1/27/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, TRACEY L.	1.2 NAME	
STREET ADDRESS	110 E. TRADE WINDS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPGS FL 32708	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALBERT A., JR.	2.2 NAME	
STREET ADDRESS	110 E. TRADE WINDS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRGS FL 32708	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EVELYN F.	3.2 NAME	
STREET ADDRESS	110 E. TRADE WINDS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRGS FL 32708	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PETER A.	4.2 NAME	
STREET ADDRESS	110 E. TRADE WINDS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRGS FL 32708	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Evelyn F. Miller 699-9334

CR2E034 (9/96)