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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K49544 (5)

1. Corporation Name
SIZEMORE ALUMINUM ENTERPRISES, INC.

Principal Place of Business Mailing Address
% DEAN SIZEMORE % DEAN SIZEMORE
15914 BRENDA ST 15914 BRENDA ST
HUDSON FL 34687 HUDSON FL 34687-3892



2. Principal Place of Business 2a. Mailing Address
21 8933 New York Ave #3 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #3 27
City & State City & State
23 Hudson, FL 28
Zip Country Zip Country
24 34667 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/05/1988 08/12/1996
4. FEI Number Applied For
59-2922102 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SIZEMORE, DEAN 81 Name
15914 BRENDA ST 82 Street Address (P.O. Box Number is Not Acceptable)
HUDSON FL 34687 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 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	PD		<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIZEMORE, DEAN			1.2 NAME			
STREET ADDRESS	15914 BRENDA STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL			1.4 CITY-ST-ZIP			
TITLE	SD		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIZEMORE, GAIL			2.2 NAME			
STREET ADDRESS	15914 BRENDA STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON FL			2.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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 [Signature] 4-22-97 813-218-6525

CR2E034 (9/96)