

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

FILED

Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K76398** (2)  
1. Corporation Name  
**ALUMNE MANUFACTURING, INC.**



Principal Place of Business <b>% DAVID YANCEY 1273 PORTER RD. SARASOTA FL 34240</b>	Mailing Address <b>DAVID YANCEY 1273 PORTER DRIVE SARASOTA FL 34233 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/29/1989</b>	
21	Suite, Apt. #, etc. <b>7616 U.S. HWY 41 N</b>	26	Suite, Apt. #, etc. <b>7616 U.S. HWY 41 N</b>	4. FEI Number <b>65-0120059</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State <b>Palme Ho, FL</b>	27	City & State <b>Palme Ho, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip <b>34221</b>	28	Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country <b>USA</b>	29	Zip <b>34221</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**YANCEY, DAVID  
1273 PORTER DRIVE  
SARASOTA FL 34240**

10. Name and Address of New Registered Agent

81	Name <b>Yancey</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>5192 SUNNYDALE CIR S</b>
83	
84	City <b>SARASOTA</b>
85	Zip Code <b>FL 34233</b>

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PT YANCEY, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>49 SINCLAIR DR</b>	1.3 STREET ADDRESS	<b>5192 SUNNYDALE CIR S</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34221</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VS YANCEY, ANITA</b>	2.2 NAME	
STREET ADDRESS	<b>49 SINCLAIR DR</b>	2.3 STREET ADDRESS	<b>5192 SUNNYDALE CIR S</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34221</b>
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 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: **DAVID YANCEY** 4-20-98 941 721-8088

CR2E034 (10/97)