

1-23-97 B-0609 -c

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FILED

Jan 23 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L26130

(9)

1. Corporation Name

ALL ALUMINUM FINISHERS, INC.

Principal Place of Business

4400 34TH STREET NO., UNIT E
ST. PETERSBURG FL 33714

Mailing Address

4400 34TH STREET NO., UNIT E
ST. PETERSBURG FL 33714-3721

3. Date Incorporated or Qualified

10/26/1989

3a. Date of Last Report

03/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

27 City & State

28

Zip

Country

24

25

29

30

4. FEI Number

62-1413590

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒Yes ☐ No

9. Name and Address of Current Registered Agent

LEBER, WILLIAM
4400 34TH STREET NO., UNIT E
ST. PETERSBURG FL 33714

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEBER, WILLIAM
STREET ADDRESS 5415 51ST TERRACE NO.
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ DELETETITLE VD
NAME MILLER, ROBERT
STREET ADDRESS 3204 71ST AVENUE NO.
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ DELETETITLE AVPD
NAME COLLELA, DAVID
STREET ADDRESS 4034 7TH AVENUE NO.
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ DELETETITLE STD
NAME MILLER, NANCY
STREET ADDRESS 3204 71ST AVENUE NO.
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ DELETETITLE CD
NAME LEBER, ELIZABETH
STREET ADDRESS 5415 51ST TERRACE NO.
CITY-ST-ZIP ST. PETERSBURG FL 33709 ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-97

Date

813 527-6599

Daytime Phone #

CR2E034 (9/96)