

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L26130

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90168 007 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1989

4. FEI Number

62-1413590

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

MILLER, ROBERT
4400 34TH STREET NORTH, 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	P	DELETE
NAME	MILLER, ROBERT	
STREET ADDRESS	5415 51ST TERRACE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	VP	DELETE
NAME	LEBER, WILLIAM	
STREET ADDRESS	3204 71ST AVENUE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	AVPD	DELETE
NAME	COLELLA, DAVID	
STREET ADDRESS	4034 7TH AVENUE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	STD	DELETE
NAME	MILLER, NANCY	
STREET ADDRESS	3204 71ST AVENUE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	CD	DELETE
NAME	LEBER, ELIZABETH	
STREET ADDRESS	5415 51ST TERRACE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	MILLER, ROBERT		
1.3 STREET ADDRESS	3204 71ST AVENUE NORTH		
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702		
2.1 TITLE	V.P.	Change	Addition
2.2 NAME	COLELLA, DAVID		
2.3 STREET ADDRESS	6369 7TH AVE. N		
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710		
3.1 TITLE	AVPD	Change	Addition
3.2 NAME	FORD, ROBERT		
3.3 STREET ADDRESS	800 WEST PIATT STREET, SUITE SIX		
3.4 CITY-ST-ZIP	TAMPA, FL 33606		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	CD	Change	Addition
5.2 NAME	COLELLA, BARBARA		
5.3 STREET ADDRESS	6369 7TH AVENUE N.		
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

Daytime Phone #

CR2E034 (11/98)