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Apr 28 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 # L39412 (6)

1. Corporation Name
ALUMINATE ALUMINUM PRODUCTS, INC.



Principal Place of Business
160 WEST HAINES BOULEVARD
P.O. BOX 1176
LAKE ALFRED FL 33850

Mailing Address
160 WEST HAINES BOULEVARD
P.O. BOX 1176
LAKE ALFRED FL 33850-1176

3. Date Incorporated or Qualified 01/02/1990
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 625 S. Lake Shore Way
Suite, Apt. #, etc.
22 P.O. Box 1176
City & State
23 Lake Alfred FL
Zip
24 33850
Country
25 POIK
2a. Mailing Address
26 625 S. Lake Shore Way
Suite, Apt. #, etc.
27 P.O. Box 1176
City & State
28 Lake Alfred FL
Zip
29 33850
Country
30

4. FEI Number 59-2980111
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAMMOND, DALE
189 PINWOOD LANE
WINTER HAVEN FL 33881

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 *Dale Hammond* sec. Tres 4-21-97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HAMMOND, DALE	
STREET ADDRESS	189 PINWOOD LANE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	DELETE
NAME	HAMMOND, SHERRY	
STREET ADDRESS	189 PINWOOD LANE	
CITY-ST-ZIP	WINTER HAVEN FL	
NAME		DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dale Hammond* sec. Tres 4-21-97 941 956 3515

CR2E034 (9/96)