Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90072 015 \*\*\*150.00

## 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 # **L78671**

1. Corpor ation Name

STREET ADDRESS

CITY-ST-ZIP

BRODOS	SI ALUMINUM INC.									
Principal filace	e of Business	Mailing Address					i indiini dil inkat ihilo oli	, , g graf 1101 dill	41 41411 B1811 B1811	#:411 BIBIT 1881
5243 63RD STREET NORTH 5243 63RD STREET NORTH										
ST. PETERSBURG FL 33709-1775 ST. PETERSBURG FL 33709-1						1	DO NOT	OTE IN T	UC CDACE	
								VRITE IN TI	115 SPACE	
							<ol> <li>Date Incorporated or Quality 06/05/1990</li> </ol>	eu		
2. Principal P	lace of Business	2a. Mailing Address				$\dashv$	4. FEI Number		A	polied For
21		26					59-3012923		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		<b>+</b>	Additional
22	_	27							Fee F	Required
City & Stat	te	City & State					6. Election Campaign Financi	ng 🗆	•	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Coun	try			8. This corporation owes the	current year		□No
24	25	29	30		<del>-</del>	1	Personal Property Tax.	Pogistor	Yes_	
	9. Name and Address of Curren	t Registered Agent		81	Name		10. Name and Address of Ne	w Register	au Agent	
RRO	DOSI, GUY F SR		[	۱'	Name					
	3 63RD STREET NORTH		[7	32	Street Ad	ddress	(P.O. Box Number is Not Acc	eptable)		
_	PETERSBURG FL 33709		١.	33				<del></del>		
01.	E LENOBONIA I E 30700		\	33						
			ļ.	84	City				85 Zip	Code
	to the provisions of Sections 607.050							•	_	
SIGNATURE	m familiar with, and accept the obligation of segments	t and title if applicable. (NO	E: Registered A		signature rec	uired wh		DATE	AND DIDECT	
12	<del> </del>	D DIRECTORS	13.				ADDITIONS/CHANGES TO	OFFICERS	Change	
TITLE	D CONTRACTOR			1.1 TITLE					□ cusinge	
NAME	BRODOSI, GUY F SR		1.2 NAV							
STREET ADDR ESS			ı		ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE	1.4 C/T		ZIP				Change	Addition
TITLE	D BRODON HELEN M	☐ OECETE	2.1 TITL						Gridings	
NAME	BRODOSI, HELEN M. 5243 63RD STREET NORTH		2.2 NAM							
STREET ADDR ESS	ST. PETERSBURG FL			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						
CITY-ST-ZIP	31. PETEROBURG FL	☐ DELETE	2. 4 CIT		-ZIP				Change	Addition
TITLE		ال محدداد	3.1 THE 3.2 NAM							
NAME					ADDRESS					
STREET ADDR :SS										
CITY-ST-ZIP				34, CITY-ST-ZIP 4.1 TITLE					☐ Change	Addition
		ے محددات	4.1 MA							
NAME CERTET ADDRESS					ADORESS					
STREET ADDRESS					1					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITL		· LIF				Change	Addition
			5.2 NAM						_ •	_
NAME STREET ADDRESS					ADDRES\$					
STREET ADDRESS			5.4 CITY		1					
CITY-ST-ZIP			6.1 TITL		-				☐ Change	Addition
NAME		<u> </u>	6.2 NAM	Æ					_ •	•
I SE WITE					ADORESS					

14. I heret y 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 sharthave 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 regulared 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.

6.4 CITY-ST-ZIP