

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L81804** (1)

1. Corporation Name:

ALL-BRITE ALUMINUM BUILDERS, INC.



Principal Place of Business

Mailing Address

**C/O LEO M. PEEBLES
ROUTE 1, BOX 377-P
INTERLACHEN FL 32148**

**C/O LEO M. PEEBLES
ROUTE 1, BOX 377-P
INTERLACHEN FL 32148**

3. Date Incorporated or Qualified 06/18/1990	3a. Date of Last Report 01/23/1995
4. FEI Number 59-3016004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. 149 KITTY AVENUE	26. Suite, Apt. #, etc. 149 KITTY AVENUE
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEEBLES, LEO M.
ROUTE 1, BOX 377-P
INTERLACHEN FL 32148**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	149 KITTY AVENUE
83. City	
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]

(NOTE: Registered Agent signature required when reinstating)

1-19-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. 1. TITLE	<input type="checkbox"/> DELETE	1. 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEBLES, LEO M.	12. NAME	
STREET ADDRESS	RT. 1, BOX 377-P	13. STREET ADDRESS	149 KITTY AVENUE
CITY-ST-ZIP	INTERLACHEN FL	14. CITY-ST-ZIP	
1. 2. TITLE	<input type="checkbox"/> DELETE	2. 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEBLES, MELISSA L.	22. NAME	
STREET ADDRESS	RT. 1, BOX 377-P	23. STREET ADDRESS	149 KITTY AVENUE
CITY-ST-ZIP	INTERLACHEN FL	24. CITY-ST-ZIP	
2. 1. TITLE	<input type="checkbox"/> DELETE	3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
3. 1. TITLE	<input type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
4. 1. TITLE	<input type="checkbox"/> DELETE	5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
5. 1. TITLE	<input type="checkbox"/> DELETE	6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

DATE

904-684-3221

DAYTIME PHONE #

CR2E034 (12/95)