AN	LIABILITY COMPANY INUAL REPORT 1999		LORIDA DEPARTME  Katherine H  Secretary of  DIVISION OF CORE	larris State PORATIONS	99	FIL 9 APR 28	ED Ph 4: 53
\$ 188.7		le To: FLORI	DA DEPARTMENT	T OF STATE			Ur STATE E, FLORIDA
			# м9800000	J1540	1a. Principal Pla		
51	SHLEY ALUMINUM, 120 WEST CLIFTO AMPA FL 33634		r		5120 WE TAMPA F		FTON STREET 1
2 Principal	Place of Business	2a. Maili	ng Address		3. Date Organiza	ed or Qualified	3a. State of Formation
Sulte Ant #	etc	Suite, Ap	t. #, etc.		12/17/1	998	GA
Sulte, Apt. #, etc.					4. FELNumber		Applied For
City & State		City & State		58-19			Not Applica  6. Certificate of Status Desir
Zip	Country	Zip	Countr	ry	5. Date of Last F	чероп	\$8.75 Additional Fee Required
					1		Itered Agent/Office
1200	7. Name and Address of Cur ORPORATION SYST SOUTH PINE ISLA ATION FL 33324	'EM	Agent	Name	P.O. Box Number I		
1200 PLANT	ORPORATION SYST SOUTH PINE ISLA ATION FL 33324	PEM AND ROAD	Florida Statutes the ab	Name Street Address (I Suite, Apt. #, etc City	P.O. Box Number I	is Not Accepted  FL	Zip Code
1200 PLANT	ORPORATION SYST SOUTH PINE ISLA ATION FI, 33324	PEM ND ROAD  416 and 608.508 in the State of Flo	Florida Statutes the ab	Name Street Address (I Suite, Apt. #, etc City	P.O. Box Number I	FL. submits this state	Zip Code  ment for the purpose of changers. I hereby accept the appointm
1200 PLANT	ORPORATION SYST SOUTH PINE ISLA ATION FL 33324  It to the provisions of Sections 608, doffice or registered agent, or both, d agent, and accept the obligations	ND ROAD 416 and 608.508 in the State of Flos.	Florida Statutes the ab	Name Street Address (I Suite, Apt. #, etc City  bove-named limited withorized by affirmatics	P.O. Box Number I	FL. submits this state by of the member	Zip Code  ement for the purpose of chang s. I hereby accept the appointm
1200 PLANT	ORPORATION SYST SOUTH PINE ISLA ATION FL 33324  It to the provisions of Sections 608, doffice or registered agent, or both, d agent, and accept the obligations	ND ROAD 416 and 608.508 in the State of Flos.	, Florida Statutes, the at rida. Such change was a NOTE Registerea Agent signatur	Name Street Address (I Suite, Apt. #, etc City  bove-named limited withorized by affirmatics	P.O. Box Number I	FL. submits this state by of the member	Zip Code  ment for the purpose of changers. I hereby accept the appointm
9. Pursuani its registerer as registerer SIGNATUR	ORPORATION SYST SOUTH PINE ISLA ATION FL 33324  It to the provisions of Sections 608. d office or registered agent, or both, d agent, and accept the obligation:	ND ROAD  416 and 608.508 in the State of Flos.  spling Appointment) that	, Florida Statutes, the at rida. Such change was a NOTE Registerea Agent signatur	Street Address (I Suite, Apt. #, etc City bove-named limited uthorized by affirmative required when resistation ass Street Address	P.O. Box Number I	FL. submits this state by of the member	Zip Code  ement for the purpose of chang rs. I hereby accept the appointm r, State and Zip Code
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