

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31304** (1)

1. Corporation Name

**ALUMINUM ASSOCIATION OF FLORIDA, BREVARD CHAPTER, INC.**

Principal Place of Business	Mailing Address
3319 MAGUIRE BLVD., SUITE 155 (32803) P. O. BOX 140532 ORLANDO FL 32814	3319 MAGUIRE BLVD., SUITE 155 (32803) P. O. BOX 140532 ORLANDO FL 32814-0532



3. Date Incorporated or Qualified <b>03/22/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3147059</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLASSE WANDA  
CLASSE MARKETING & MANAGEMENT INC.  
3319 MAGUIRE BLVD., SUITE 155  
ORLANDO FL 32803**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LINDSEY, ALLEN 2125 AVOCADO AVE. MELBOURNE FL	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD CHAPMAN, ROBERT D. 975 AURORA ROAD MELBOURNE FL	2.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Hugh Martin
STREET ADDRESS		2.3 STREET ADDRESS	1581 Robert J. Conlan Blvd. NE#104
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	STD MARTIN, HUGH 1581 ROBERT J. CONLAN BLVD NE #104 PALM BAY FL	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	John Melkun, Jr.
STREET ADDRESS		3.3 STREET ADDRESS	1161 River Dirve NE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	MD CLASSE, WANDA 3319 MAGUIRE BLVD STE 155 ORLANDO FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wanda Classe* Wanda Classe

4-29-97 (407) 898-9287

Date

Daytime Phone # 0017298

CR2E037 (9/96)