

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # N94000005821 (3)

1. Corporation Name

ALUMINUM ASSOCIATION OF FLORIDA GOLD COAST CHAPT
ER, INC.



Principal Place of Business

4412 N.E. 11TH AVE.
OAKLAND PARK FL 33334

Mailing Address

4412 N.E. 11TH AVE.
OAKLAND PARK FL 33334

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Classe Mktg & Mgmnt Inc.

26

4. FEI Number

65-0543391

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3319 Maguire Blvd, Ste 155

27 Post O Box 140532

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Orlando, FL 32803

28 Orlando, FL 32814

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32803

25

29 32814

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLASSE, WANDA
3319 MAGUIRE BLVD.
SUITE 155
ORLANDO FL 32803

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 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
NAME KLEMENT, CHARLES
STREET ADDRESS 224 SW 25TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33315

1.1 TITLE TD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME PETERSON, LEROY
STREET ADDRESS 450 MCNAB RD
CITY-ST-ZIP FT LAUDERDALE FL 33309

2.1 TITLE SD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME CATALDO, GERRY
STREET ADDRESS 2455 E SUNRISE BLVD 1203
CITY-ST-ZIP FT LAUDERDALE FL 33304

3.1 TITLE VD
3.2 NAME SONSINI, MIKE
3.3 STREET ADDRESS 8451 McAllister Way
3.4 CITY-ST-ZIP W. Palm Beach, FL 33411

TITLE SD
NAME POMPER, HEATHER
STREET ADDRESS 412 NE 11TH AVE
CITY-ST-ZIP OAKLAND PARK FL 33334

4.1 TITLE VD
4.2 NAME LISZAK, GENE
4.3 STREET ADDRESS 3801 NE 29th AVENUE
4.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE VD
NAME POMPER, MAUREEN
STREET ADDRESS 4412 NE 11 AVENUE
CITY-ST-ZIP OAKLAND PARK FL 33334

5.1 TITLE PD
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maureen D. Pomper MAUREEN POMPER 4/22/96 954-772-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)