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FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

CLASSE MKTG & MGMT INC
3319 MAGUIRE BLVE SUITE 155
ORLANDO FL 32803
USPO BOX 140532
ORLANDO FL 32814-0532
US3. Date Incorporated or Qualified
11/21/19943a. Date of Last Report
05/01/1996

4. FEI Number

65-0543391

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 TD ☐ DELETE
NAME KLEMENT, CHARLES
STREET ADDRESS 224 SW 25TH ST
CITY- ST- ZIP FT LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIPTITLE SD ☐ DELETE
NAME PETERSON, LEROY
STREET ADDRESS 450 MCNAB RD
CITY- ST- ZIP FT LAUDERDALE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIPTITLE VD ☒ DELETE
NAME SONSINI, MIKE
STREET ADDRESS 8451 MCALLISTER WAY
CITY- ST- ZIP W PALM BEACH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIPTITLE VD ☐ DELETE
NAME LISZAK, GENE
STREET ADDRESS 3801 NE 29TH AVE
CITY- ST- ZIP LIGHTHOUSE POINT FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIPTITLE PD ☐ DELETE
NAME POMPER, MAUREEN
STREET ADDRESS 4412 NE 11 AVENUE
CITY- ST- ZIP OAKLAND PARK FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 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 Pomper

Maureen Pomper

1/18/97

(954) 772-8901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017292

CR2E037 (9/96)