

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005821 (3)**

1. Corporation Name

**ALUMINUM ASSOCIATION OF FLORIDA GOLD COAST CHAPT  
ER, INC.**



Principal Place of Business <b>CLASSE MKTG &amp; MGMT INC 3319 MAQUIRE BLVE SUITE 155 ORLANDO FL 32803 US</b>		Mailing Address <b>PO BOX 140532 ORLANDO FL 32814 US</b>		3. Date Incorporated or Qualified <b>11/21/1994</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>65-0543391</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>		Country <b>25</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CLASSE, WANDA 3319 MAQUIRE BLVD. SUITE 155 ORLANDO FL 32803</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	<b>TD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KLEMENT, CHARLES</b>	1.2 NAME	<b>Scott Myers</b>
STREET ADDRESS	<b>224 SW 25TH ST</b>	1.3 STREET ADDRESS	<b>6260 Arc Way</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33912</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETERSON, LEROY</b>	2.2 NAME	<b>Frank Storms</b>
STREET ADDRESS	<b>450 MCNAB RD</b>	2.3 STREET ADDRESS	<b>13149 S.W. 122 Avenue</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33186</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>M</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LISZAK, GENE</b>	3.2 NAME	<b>Wanda Classe</b>
STREET ADDRESS	<b>3801 NE 29TH AVE</b>	3.3 STREET ADDRESS	<b>3319 Maquire Blvd. #155</b>
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL 32803</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POMPER, MAUREEN</b>	4.2 NAME	
STREET ADDRESS	<b>4412 NE 11 AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>John DeCosmo</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>6900 49th Street North</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Pinellas Park, FL 34665</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Wanda Classe* Wanda Classe 4-29-98 (407) 896-1015

CP2E037 (10/97)