


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90200 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005821					
1. Corporation Name ALUMINUM ASSOCIATION OF FLORIDA GOLD COAST CHAPT ER, INC.					
Principal Place of Business CLASSE MKTG & MGMNT INC 3319 MAGUIRE BLVE SUITE 155 ORLANDO FL 32803 US			Mailing Address PO BOX 140532 ORLANDO FL 32814 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0543391	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CLASSE, WANDA 3319 MAGUIRE BLVD. SUITE 155 ORLANDO FL 32803				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 FL	

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MYERS, SCOTT			1.2 NAME			
STREET ADDRESS	6260 ARC WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL 33912			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STORMS, FRANK			2.2 NAME			
STREET ADDRESS	13149 SW 122ND AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186			2.4 CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLASSE, WANDA			3.2 NAME			
STREET ADDRESS	3319 MAGUIRE BLVD #155			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32803			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DECOSMO, JOHN			4.2 NAME			
STREET ADDRESS	6900 49TH ST N			4.3 STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 34665			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 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, with all other like empowered.

SIGNATURE: Wanda Classe **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 (407) 898-9287

Date

Daytime Phone #

CR2E037 (11/98)