## FILE NOW: FILING FEE IS \$61,25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N97000005218 (9) DOCUMENT #

## ALUMINUM ASSOCIATION OF FLORIDA PALM BEACH CHAPT

ER. INC. Principal Place of Business Mailing Address 1033 SILVER BEACH RD BAY 66 P.O. BOX 140532 3. Date Incorporated or Qualified LAKE PARK FL 33403 ORLANDO FL 32804 09/15/1997 4. FEI Number Applied For 65-0784835 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes Zip Žφ Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLASSE, WANDA 82 Street Address (P.O. Box Number is Not Acceptable) 3319 MAGUIRE BLVD., SUITE 155 ORLANDO FL 32803 83 84 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition NAME **Bri**an Brown 1.2 NAME STREET ADDRESS 102 South "F" Street 1.3 STREET ADDRESS CITY-ST-ZIP Lake Worth, FL 33460 1.4 CITY - ST- ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME David Finklea STREET ADDRESS 033 Silver Beach Road. 2.3 STREET ADDRESS Bay 66 CITY-ST-ZIP 2. 4 CITY - ST - ZIP ake Park, FL 33403 DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME Greq Miller STREET ADDRESS 3.3 STREET ADDRESS 860-4 North 8th Street CITY-ST-ZIF 3.4. CITY-ST-ZIP <del>Lantana, FL 33462</del> DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME William Balance STREET ADDRESS 4.3 STREET ADDRESS 5152 Ouachita Dirve CITY-ST-ZIP 4.4 CITY-ST-7IP Lake Worth, FL 33467 DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. Thereby 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 supplimental 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 changes, or on an attachment with an address.