


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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97 SEP -8 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30295
1. Corporation Name
STEELEWOOD EXTRUDING CORPORATION

Principal Place of Business 1711 West Sample Road Coral Springs, Fl 33065	Mailing Address 11711 West Sample Road Coral Springs, Fl 33065
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/25/1990	3a. Date of Last Report 1/23/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 51-0302061	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INTERSTATE REGISTERED AGENT CORP. 1961 HARDEN BLVD. LAKELAND, FL 33803	81 Name MARK GRANT, ESQ.
	82 Street Address (P.O. Box Number is Not Acceptable) 200 EAST BROWARD BLVD., SUITE 1800
	83
	84 City FORT LAUDERDALE FL
	85 Zip Code 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ZEN, VITTORIO	1.2 NAME	
STREET ADDRESS	11711 West Sample Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GARY	2.2 NAME	
STREET ADDRESS	11711 WEST SAMPLE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	900002289009
STREET ADDRESS		4.3 STREET ADDRESS	-09/10/97--01046--008
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****173.75 *****173.75
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Brown September 4, 1997 905-244-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/96)

 Steelewood Extruding Corp. dba Allied Extrusions
ALLIED EXTRUSIONS

2

September 5, 1997

Annual Reports Filings
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

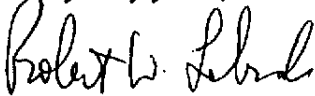
Enclosed please find our check #30595, dated September 5, 1997, for \$173.75, for our annual renewal.

Please disregard the \$500.00 Filing Fee after May 1, 1997.

We moved from Deerfield Beach to Coral Springs in March 1996, and did not receive the renewal form.

Thank you for your consideration.

Very truly yours,



Robert W. Lebeda
Controller

RWL/dk

Enclosure

cc: Richard Pierson


Member of the
Royal Plastics Group