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1997

DIVISION OF CORPORATIONS

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State

FILED May 14 1997 8:00am Secretary of State

BANNER ALUMINUM INC. Principal Prace of Business Mailing Address 302 1/2 ENTERPRISE ROAD FORT PIERCE FL 34982 FORT PIERCE FL 34982-6553						
				3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last 09/20/1996	•
	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite Ap	1 # ata	Suite, Apt. #, etc.		65-0370791		Not Applicable
Source Adv	R W, OUG.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired		5 Additional Regulred
City & Sta	até	City & State		6. Election Campaign Financing		00 May Be
		28		Trust Fund Contribution		ed to Fees
Z _I p	Country	Zip	Country	8. This corporation has fiability for		r s. 199.032,
4	[25]	29	30		Yes No	······································
DAY	VID LOPER II	f Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
150	02 NEPTUNE RT ST. LUCIE FL 32301		82 Street Add	Idress (P.O. Box Number is Not Acceptab	ole)	
			84 City		FL 85 2	ip Code
1. Pursuan	it to the provisions of Sections	607,0502 and 607,1508, Florida Stati	utes, the above-named co	ensertion authorite this statement for the	ourpose of changin	n its registered
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		the State of Florida. Such change was the obligations of, Section 607.0505, f	s authorized by the corpor Florida Statutes.	orporation submits this statement for the praction's board of directors. I hereby accept	pt the appointment	as registered
			s authorized by the corpor Florida Statutes. OTE Registered Agent signature req		pt the appointment	as registered
ignature 2.	Signature, typical or printed name of re	gistered againt and title if applicable (NO ERS AND DIRECTORS	OTE Registered Agent signature req		DATE DERS AND DIRECT	ORS IN 12
IGNATURE 2.	Signature, typed or printed name of ter- OFFIC	gistered agent and tills if applicable (NC	OTE Registered Agent signature req	quired when reinstaling)	DATE	ORS IN 12
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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 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 annual report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR