

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY -1 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Mortimer
Secretary of State
CORPORATION

DOCUMENT # **P93000086494 (0)**

NATIONAL SOUTHEAST ALUMINUM CORPORATION

Principal Place of Business: **1201 AMER SUPERIOR BLVD BLDG #12 WINTER HAVEN FL 33884 US**
 Mailing Address: **C/O NATIONAL NORTHEAST CORP 65 MANCHESTER ST LAWRENCE MA 01842 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1993** 3a. Date of Last Report: **05/17/1994**
 4. FEI Number: **59-3214327** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 6. This corporation has liability for intangible tax under S. 199.03? Florida Statutes: Yes No

2. Principal Place of Business: **21** State: Apt # etc.: **22** City & State: **23** Zip: **24** Country: **25**
 2a. Mailing Address: **26** State: Apt # etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**IGOE, JOHN G
 250 ROYAL PALM WAY #300
 PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (if O. Box Number is Not Acceptable):
83
84 City: **FL** **85 Zip Code:**

11. Pursuant to the provisions of Sections 607.04(1) and 607.04(2) 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, thereby accept the appointment as registered agent. I, the former agent, and accept the responsibility of this filing for the Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Registered Agent in Charge)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS	
TITLE: C	WEENER, DAVID 65 MANCHESTER ST LAWRENCE MA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P	FRERICHS, WAYNE 65 MANCHESTER ST LAWRENCE MA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V	MORRISON, JON 65 MANCHESTER ST LAWRENCE MA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S	GLENN, RICHARD 2700 HOSPITAL TRUST TOWER PROVIDENCE RI	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V POPEL MARK MCCRAW 65 MANCHESTER ST LAWRENCE MA 01842
TITLE:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and equally for the corporation stated in law from 1/1/92 to the Florida Statutes. I further certify that the information included on this filing is not on supplemental annual report, true and accurate and that the corporation shall have the same legal effect as if made verbatim. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or its attachment with an address.

SIGNATURE: *Jon Morrison* **Jon Morrison**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95