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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90089 007 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000008191**

1. Corporation Name
CAPITAL ALUMINUM PRODUCTS, INC.



Principal Place of Business
**5015 S FLORIDA AVE
 SUITE 200
 LAKELAND FL 33813**

Mailing Address
**P.O. BOX 5252
 LAKELAND FL 33807
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3224246	Applied For 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	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCFARLANE, PETER A 5015 S FLORIDA AVE SUITE 215 LAKELAND FL 33813				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, LAWRENCE W	1.2 NAME	
STREET ADDRESS	5015 S FLORIDA AVE #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOATS, RAYMOND L	2.2 NAME	
STREET ADDRESS	5015 S FLORIDA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, TODD	3.2 NAME	
STREET ADDRESS	5015 S FLORIDA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHIS, GEORGE	4.2 NAME	
STREET ADDRESS	5015 S FLORIDA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Falk, Benjamin D.E.
STREET ADDRESS		5.3 STREET ADDRESS	5015 S Florida Ave #200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lakeland Fl 33813
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 607, 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: Lawrence T. Maxwell **REQUIRED** **Lawrence T. Maxwell** Date **4/7/99** (941) 647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2023 11/09