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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000060314 (9)

CONTRACTOR'S ALUMINUM, INC.

Principal Place of Business

Mailing Address



115 DOTTIE DAYTONA B	AVE. EACH SHORES FL 32118	DAYTONA BEACH SI	HORES FL 32118		
\$1.11 WINT #				3. Date Incorporated or Qualified 08/17/1994	3a. Date of Last Report 04/26/1995
2. Principal Plac	ce of Business	2a. Mailing Address	1	4. FEI Number	Applied For
	ne Gate South	26 P.O. BOX 3	533924	59-3256204	Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	gwood, Florida	City & State 28 Or lando	Florida	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3277	Country 25 U.SA.	29 32853	Country 30 U.S.A	This corporation has liability for i Florida Statutes	₽ %∘
	9. Name and Address of Current			10. Name and Address of New R	egistered Agent
115 DC	BARBARA OTTIE AVE. NA BEACH SHORES FL 32118		81 Name 2 82 Street Act 8 83 2 4 City	parbara Cook Idress (P.O. Box Number is Not Acceptab Stone Gate Sou Ngwood	FL 85 Zip Code 32719
or registere familiar with	d agent, or both, in the State of Florid n, and accept the obligations of, Soction Signature, typogo printed name of registered agent	a. Such change was authorized on 607.0505, Florida Statutes	Of Englishmed Agent's gnature req.	coration submits this statement for the pur pard of directors. I hereby accept the appear 4/6 ired when renstating)	14/96
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	D	DELETE	1. 1 TOTLE	A L D. b.	
NAME	COOK, BARBARA		1,2 NAME	Cook, Barbara	. V.
STREET ADDRESS	115 DOTTIE AVE.	F) 00440	1.3 STREET ADDRESS	Cook, Barbara 8 Stone Gate Sou Longwood, Florid	4 37779
CITY-ST-ZIP	DAYTONA BEACH SHORES	FL 32118	1.4 C-TY - ST - ZIP 2 1 TITLE	Longuesoa, + Ioria	Change Addition
TITLE			2 2 NAME		
NAME DANGER LOODEGG			2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST- ZIP			34 CITY-ST-ZIP		
TITLÉ		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY - ST - ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TiTLE		Change C Addition
TITLE			5. I MILE 52 NAME		
NAME OTREET LEODEGE			5.3 STREFT ADDRESS		
STREET ADDRESS			5.4 CITY- ST-ZIP		
CITY-ST-ZIP TITLE		[] DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
0111-91-71				6. for the everytion stated in Section 110	07/31/b) Florida Statutos I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

Barbara Cook 4/29/96 (407) 333-3951