SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # P9400062320 (4)

## HEARTLAND ALUMINUM, INC.

Principa! Place	of Business	Mailing Address			I HORITARIA FAO I BINK BIONK BONNI BONNI BONNI BONNO BINNO MACCO MUNO KICIK BONN 1801			
2011 MELADY SEBRING FL		2011 MELADY AVENUE SEBRING FL 33870						
					3. Date incorporated or Qualified	3a. Date of Last Report		
A D.:		As Modice Address			<b>08/24/1994</b> 4. FEI Number	11/03/1995		
2. Principal Pla	ace of Business	<u> </u>	2a. Mailing Address			Applied For Not Applicable		
Suite, Apt #	r elc	Suite Apt #, etc	Strite Apt # etc			59-3259064 Not Applicable  5. Certificate of Status Desired \$8.75 Additional		
22	, 610	27	F			Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zιρ	Country	Zip	Countr	ý	This corporation has liability for			
24	25		30		Florida Statutes	Yes No		
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New R	egistered Agent		
LA	W FIRM OF LAWRENCE J. SF	PIEGEL CHARTERED		Mairie				
343 ALMERIA AVENUE				Street Ac	reet Address (P.O. Box Number is Not Acceptable)			
CO	ORAL GABLES FL 33134		83					
			84	City		Fi 85 Zip Code		
11. Pursuant to	o the provisions of Sections 607 0	502 and 607.1508, Florida Statute	s the above	e named co	rporation submits this statement for the pation's board of directors. Thereby accep	ourpose of changing its registered		
office or re agent. Lan	egistered agent or both, in the Sta m familiar with land accept the obl	ite of Florida. Such change was au igations of, Section 607.0505, Flor	uthorized by rida Statute:	r the corpora s	ation's board of directors. Thereby accep	or me appointment as registered		
SIGNATURE	<del></del>	AND THE RESERVE OF THE PARTY OF			gursid when reinstäting)	I I A. E		
12.	Styriuture Type a or professionarile of regularisation OFFICERS A	AND DIRECTORS	13.	jeri signature re:	ADDITIONS/CHANGES TO OFFI			
TITLE	P	DELETE	1 1 TIFLE		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Change Addition		
NAME	HEFLIN, JOSEPH E		1.2 NAME					
STREET ADDRESS	2011 MELADY AVENUE		1.3 STREE	T ADORESS				
CITY-ST-ZIP	SEBRING FL 33870		1.4 CiTY -	ST - 71P				
TITLE		DELETE	2 1 TITLE			Change Addition		
NAME			2.2 NAME					
STREET ADDRESS			2 3 STREE	TADDRESS				
CITY - ST - ZIP			2 4 CITY			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
TETLE		[] DELETE	3 1 1117.6			Change Addition		
NAME			3.2 NAME					
STREET ADDRESS				E I ADDRESS				
CITY-SI-7IP		DELFTE	3.4 CITY			Change Addition		
THLE		שנינינ	4 1 7171 £			L. Griange L. Adultor		
NAME			4. 2 NAM	1				
STREET ADDRESS				ET ADDRESS				
C(TY-ST-ZIP TITLE		DELETE	5.1 TITLE			Change Addition		
NAME			5 2 NAME	ļ				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	6 1 TITLE			Change Addition		
NAME			6.2 NAMI					
STREET ADORESS			63STRE	ET ADDRESS				
CITY-ST-ZIP			64 CHY					
14 Ldo hereb	by certify that the information supp	blied with this filing is voluntarily ful	rnished and	does not q	ualify for the exemption stated in Section ie and accurate and that my signature sh	119.07(3)(k) Florida Statutes I		
made und	der natruithat Lans an officer or dire	ector of the corporation or the rece	eiver or trus	ted embowe	ered to execute this report as required by	Chapter 617, Florida Statutes, and		
that my na	ame appears in Block 12 or Block	13 if changed, or on an altachmer				_		
	/ /	7/ 1//	1	- 11.01.	11101	Out 301 1710		

SIGNATURE:

STATE OF PRINTED NAME OF SIGNING OFFICE OR DIRECT

Flin 6/1

6/17/96 941-386-1760