FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90253 047 ***150.00

i. Corporation	MENT # P94000 TE ALUMINUM, INC.	082462			
ADDOLD !	The theorem and				
Principal Place of Business Mailing Address					- I (BBISED) (IN IRUS DIRECTORS) ARBIT RESUL PRINT HEND HARL REPORT DIRECTORS
225 CENTER COURT 225 CENTER COURT					
VENICE FL 34292 VENICE FL 34292					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 11/07/1994
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0741313 Applied For
21 26				NOT APPLICABLE Not Applicable \$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
22 27 City & State		City & State			C. Staation Compoint Financing \$5.00 May De
¬ ···, · · · · · · · · · · · · · · · · ·		28			Trust Fund Contribution Added to Fees
23	Country	Zip	Country		8. This corporation owes the current year Intangible
24			30		
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
DESJARDINS, DALE E JR. 225 CENTER COURT			81	Name	
			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
VENIC	CE FL 34292		83		
			84	City	85 Zip Code
				'	FL
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE		t and the dispeller (NOTE)	Registered Age	nt rigostura raquire	ed when reinstating) DATE
12.	ignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent OFFICERS AND DIRECTORS 13.		organization to appare	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	מ	☐ DELETE	1.1 TITLE		Change Addition
NAME	DESJARDINS, DALE E JR. 14		1.2 NAME		
STREET ADDRESS	225 CENTER COURT		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	VENICE FL		1.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	ļ	
STREET ADDRESS			2.3 STREE	TADDRESS	•
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	ر بر بر المراجع
TITLE		□ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	1-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 THEE 5.2 NAME		
NAME				TADDRESS	
STREET ADDRESS			5.4 CITY-S	ì	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADORESS	
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP	
GH > "O > "AIF"	1				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR