## 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

P94000089176 (9) **DOCUMENT #** 

FLORIDA WEST ALUMINUM INC.

Principal	Place of	Business	

Mailing Address



9210-D9 COMMERCIAL WAY BROOKSVILLE FL 34613		9210-D9 COMMERCIAL WAY BROOKSVILLE FL 34613				
					3. Date incorporated or Qualified 12/08/1994	3a. Date of Last Report 05/01/1995
Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-3305989	Applied For Not Applicable	
Suite, Apt. 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Ζιρ <b>29</b>	Gountry 30		8. This corporation has liability for it Florida Statutes Yes	<b>∑</b> No
	g, Name and Address of Current	Registered Agent		r	10. Name and Address of New R	egistered Agent
41440	NEW DETER A		61	Name		
HANSEN, PETER C 9210-D9 COMMERCIAL WAY BROOKSVILLE FL 34613			82 83	Street Add	dress (P.O. Box Number is Not Acceptabl	e)
bnoc	PROVILLE PL 040 IS		84	City		85 Zip Code
···	THE REST LINE BAS BASES AND A STATE OF THE REST AND A			´		
11, Pursuant : or register familiar wi	to the provisions of Sections 607,0502 a red agont, or both, in the State of Florid ith, and accept the obligations of, Sectic	and 607,1508, Florida Stat <mark>ut</mark> a. Such change was authoriz on 607,0505, Florida Statut <b>es</b>	es, the above- ed by the corp s.	named corpo oration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing its registered office intraent as registered agent. I am
SIGNATURE ,						
12.	Signature, typed or printed name of registered agent a OFFICERS AND		TF: Registered Ager	l signature require		DATE
TITLE	PD	DELETE	13. 1. 1 TITLE	T	ADDITIONS/CHANGES TO OFFI	DERS AND DIRECTORS IN 12  Change Addition
NAME	HANSEN, PETER C	L. Detter	1.1 IIILE 1.2 NAME		•	
STREET ADDRESS	9210-D9 COMMERCIAL WAY	1	1.3 STREET	ADDRESS		
CITY+SI-ZIP	BROOKSVILLE FL 34613		1.4 CITY - S			
TITLE	VD	DELETE	2 1 TITLE			Change Addition
NAME	MORAN, KIMBERLY		2.2 NAME		•	
STREET ADDRESS	9210-D9 COMMERCIAL WAY	1	2.3 STALET	ADDRESS		
CITY-S1-ZIP	BROOKSVILLE FL 34613		2.4 CITY-S	T Z-P		
TITLE	ST HANGEN MANOY F	☐ DELETE	3. 1 TFILE			Change Addition
NAME	HANSEN, NANCY E	v	3.2 NAME			
STREET ADDRESS	9210-D9 COMMERICIAL WA' BROOKSVILLE FL 34613	•	33 STREET			
CATY-SI-7IP TITLE	DIOUNGHELL I L 07013	DELETE	3.4 City-S 4. 1 Title	1-219	171 - 187 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184	Change Addition
NAME		beaut	4. 1 THE			FT cuando FT vocition
STREET ADDRESS			43 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE		DELETE	5. 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	I - ZiP		
TITLE		DELETE	6. 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CHY-\$	- ZIP		

6.4 CHTY- \$1-71P 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 early 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.

X 4-28-96 3526971014 PETER C. HANSEN