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

PROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation I	MENT # P95000 SOUND ALUMINUM & SHUT	0055145 (3) TER, INC.			L INDIVIDEE NO INIMI DIKKI NEKA NAKILI NAKILI NAKILI NAKILI NAKILI KARILI NAKILI NAKILI NAKILI NAKILI NAKILI N		
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·			
10810 SE DIXIE HWY HOBE SOUND FL 33455		10810 SE DIXIE HWY HOBE SOUND FL 33455					
HODE SOUND	TE 50900	THOSE GOOD TE GOOD			3. Date Incorporated or Qualified   07/14/1995		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
2 Stille, Apr. #	, 616.	27			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	Courte		Added to rees		
Zip 24	Country 25	Zip 30	Country		<ol> <li>This corporation has liability for intangible tax under s 199.032,</li> <li>Florida Statutes ☐ Yes ☐ No</li> </ol>		
	9. Name and Address of Current	. 1 - 1		<u>.</u>	10. Name and Address of New Registered Agent		
			81	Name	е		
GEMME, KATHLEEN			82	Street	Address (P.O. Box Number is Not Acceptable)		
	TON HEALTH DR						
ATLANTIS	S FL 33462-1127		83	ļ			
			84	City	FL 85 Zip Code		
or registere familiar with SIGNATURE _	the provisions of Sections 607.0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section Semantic, typed or printed name of registered agent	a. Such change was authorized by on 607.0505, Florida Statutes.	the corp	ioration s	corporation submits this statement for the purpose of changing its registered office 's board of directors. I hereby accept the appointment as registered agent. I am  The required when reinstalling)  DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
T:TLE	P	(T) DELETE	1. 1 TITLE		Change Addition		
NAME	GEMME, KATHLEEN		1.2 NAME	* ********	s 10360 S.C. Jupiter Narrowe Dr.		
STREET ADDRESS	213 WALTON HEATH DR ATLANTIS FL 33462-1127		1.4 CITY-1	LADDRESS	Hobe Gound , FC 33455		
CHTY-ST-ZIP TITLE	V	₹] DELETE	2 1 TITLE	21.711	Change Addition		
NAME	GEMME, HARVEY		2.2 NAME		10360 SE Jupiter Narrows Dr.  Hobe Sound FL 33455  Change Addition  SE Lake worth, FL 33461		
STREET ADDRESS	213 WALTON HEATH DR		2 3 STREET ADDRESS		s 10360 SE Jupiter Narrows Dr.		
CITY - ST - ZIP	ATLANTIS FL 33462-1127		24 CITY-ST-ZIP		Hobe Sound FC 33455		
TITLE	ST	DELETE	3 1 TITLE		Change Addition		
NAME	HOGINSKI, ERIC		3.2 NAME		KAIL S. Congress Auc.		
STREET ADDRESS	213 WALTON HEATH DR			T ADDRESS	Lake worth, FL 33461		
CITY-ST-7IP TITLE	ATLANTIS FL 33462-1127	DELETE	3 4 CITY -	S1- ZIP	Change Addition		
NAME			4.2 NAME				
STREET ADDRESS				r address	s		
CITY-\$1-ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5 1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS	S		
CITY - ST - ZIP		DELETE	5.4 CITY - 6 1 TITLE		Change Addition		
TITLE NAME		DELCTE	6 2 NAME				
STREET ADDRESS				T ADDRESS	ss		
CITY-ST-7IP			64 CITY-	\$1-ZIP			
14. I do hereb certify that	t the information indicated on this appr	ial report or supplemental annual re iration or the receiver or trusted em	いついけんり	വരാഥവ	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further accurate and that my signature shall have the same legal effect as if made under cute this report as required by Chapter 607, Florida Statutes; and that my name		

SIGNATURE: SIGNATURE AND

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (407) 546-5483