## 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

P95000065997 (5) DOCUMENT #

ALUMACOAT, INC.

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Principal Place of Business Mailing Address							#11. ##1.# #1.#. #1.1# 14	,112 (2111 1221 1221
1304 GWENZELL AVENUE 1304 GWENZELL AVENUE								
BAY C		BAY C						
DELRAY BEAC	H FL 33444	DELRAT BEAT	DELRAY BEACH FL 33444			<ol> <li>Date Incorporated or Qualified 08/25/1995</li> </ol>	3a. Date of Last	Report
2. Principal Plac	ce of Business	2a. Mailing Add	ress			4. FEI Number		Applied For
21		26	26			65-0604788		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 BA 1 City & State		City & State	27 BA B City & State			6. Election Campaign Financing		.00 May Be
23		28				Trust Fund Contribution	AU	ded to Fees
Zip	Country Zip		<b>├</b> ──-¬	untry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No		
24	25 29 9. Name and Address of Current Registered A		[30]			10. Name and Address of New Registered Agent		
	9. Name and Address o	T Current Registered Agen	L	81	Name	To tame and Address of New I	ogiotoroa rigoria	
						BERT HANDELSMAN		
FELDMAN, ROBERT				82 Street Address (P.O. Box Number is Not Acceptable)				
301 CRAWFORD BLVD.				1304 but New Ave., BAY B				
SUITE 20				100				
BOCA RA	TON FL 33432			84	City	_	E   85	Zip Code
		002 0000 1007 1500 Flor	ida Ctalutas, the ob		DE.	poration sibmits this statement for the pur	nose of changing i	ts registered office
or registere familiar with	o the provisions of sections of agent, or both, in the State, and accept the obligations	of Florida. Such Of Tipe was of, Section 607,005, Florid	ida Statutes, the ac is authorized by the a Statutes.	corp	oration's b	bard of directors. Thereby accept the spp		red agent. I am
SIGNATURE	W	cuy V_					1-30-96	
12.		stered agent and the if applicable CERS AND DIRECTORS	(NQ1E: Register		n signature red	ired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
TITLE	PTD	D D		III1€	·T		🔀 Chan	
NAME	DARIMY, MANPPCH	2.5		NAME				i
STREET ADDRESS	1304 GWENZELL AVE	NUE BAY C			ADDRESS	1304 GWENZELL AVE., B	au B	
CITY-ST-ZIP	DELRAY BEACH FL 3			CITY-S		TO TO ENGLES TO STATE OF THE ST	,	
TITLE	VSD			TITLE			Chan	ige 🔲 Addition
NAME .	HANDELSMAN, ROBE	RT	22	NAME				
STREET ADDRESS	1304 GWENZELL AVE		23	STREET	ADORESS	1304 GUENZELL AVE., BE	· - 1 E	
CITY-ST-ZIP	DELRAY BEACH FL 3		2.4	CITY- S	ST-ZIP			
TITLE			ELEYE 3. 1	TITLE			Chan	nge 🔲 Addition
NAME			3.2	NAME	İ			
STREET ADDRESS			3.3	STREE	T ADDRESS			
CITY - ST - ZIP			3.4	CHY-S	S1 - 71P			<b></b>
TITLE			ELETE 4.1	1 TITLE			Char	nge 🔲 Addition
NAME			4.2	NAME				ļ
STREET ADDRESS			4.3	STREE	ADORESS			
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CITY-ST-ZIP				CHY-			Cha-	nge 🔲 Addition
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NAME				NAME				
STREET ADDRESS					I ADDRESS			
L AUTH AT MA	1		<b>■</b> 6.	LCITY-	\$1-7IP			

64.01Y-S1-ZIP
 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 true ee 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, you an attact from the receiver.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (405)243-3323
Date Daytine Proce #

**FILED** 

Secretary of State

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May 01 1996 8:00 am

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