

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094282 (7)

1. Corporation Name
ALUMINUM INSTALLATIONS, INC.

Principal Place of Business

15092 63RD STREET
CLEARWATER FL 34620

Mailing Address

15092 63RD STREET
CLEARWATER FL 34620-2001



2. Principal Place of Business 21 3113 Union Street N. Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33713 Country 25		2a. Mailing Address 26 3113 Union Street N. Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33713 Country 30		3. Date Incorporated or Qualified 12/11/1995		3a. Date of Last Report 05/31/1996	
				4. FEI Number 59-3347665		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SEAMER, CARL A
15092 63RD STREET
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name
82 Kyle Casto
83 Street Address (P.O. Box Number is Not Acceptable)
3113 Union Street N.
84 City
St. Petersburg, FL
85 Zip Code
33713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Kyle D. Casto Kyle D. Casto 5/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CASTO, KYLE D	1.2 NAME	Casto, Kyle
STREET ADDRESS	C/O 15092 63RD STREET	1.3 STREET ADDRESS	3113 Union Street N,
CITY-ST-ZIP	CLEARWATER FL 34620	1.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	V	2.1 TITLE	
NAME	SEAMER, CARL A	2.2 NAME	
STREET ADDRESS	C/O 15092 63RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE Kyle Casto Kyle D. Casto Jun 17 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

CR2E034 (9/96)