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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022200

1. Corporation Name
JORDAN'S ALUMINUM, INC.



Principal Place of Business: 2170 N.W. 93RD AVE. PEMBROKE PINES FL 33024
Mailing Address: 2170 N.W. 93RD AVE. PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1996
4. FEI Number: 65-0652011 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes [X] No []

2. Principal Place of Business: 21. 6145 Johnson St. 22. Suite, Apt. #, etc.: 22. City & State: Hollywood, FL 23. Zip: 33024 24. 25. Country: 26. 6145 Johnson St. 27. Suite, Apt. #, etc.: 27. City & State: Hollywood, FL 28. Zip: 33024 29. 30. Country:

9. Name and Address of Current Registered Agent: JORDAN, GLENN 2170 N.W. 93RD AVE. PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. 84. City: FL 85. Zip Code:

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

Table with 12 columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include Jordan Glenn and Jordan Lisa with fields for Title, Name, Street Address, City, State, and Zip.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (954) 986 1329 Date Daytime Phone #

CR2E034 (11/98)