

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028438 (5)

1. Corporation Name

CUSTOM ARCHITECTURAL METAL COMPANY OF SOUTHWEST
FLORIDA, INC.



Principal Place of Business 4425 NORTH ROAD NAPLES FL 33942	Mailing Address 4425 NORTH ROAD NAPLES FL 34104-4074
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 34104 Country		2a. Mailing Address 26 P.O. Box 9865 27 Sulte, Apt. #, etc. 28 Naples FL. 29 Zip 34104-9865 Country Collier		3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report
				4. FEI Number 59-3402059	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" 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 PINTER, MICHAEL R 4328 CORPORATE SQUARE STE C NAPLES FL 33942		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P
NAME	STRIESKI, TERRY R	1.2 NAME	Terry R. Striewski
STREET ADDRESS	4425 NORTH ROAD	1.3 STREET ADDRESS	4425 North Road
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	Naples, FL 34104
TITLE	D	2.1 TITLE	D/S/T
NAME	STRIESKI, JOYCE B	2.2 NAME	Joyce B. Striewski
STREET ADDRESS	4425 NORTH ROAD	2.3 STREET ADDRESS	4425 North Road
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	Naples, FL 34104
TITLE		3.1 TITLE	D/V.P.
NAME		3.2 NAME	Kevin T. Striewski
STREET ADDRESS		3.3 STREET ADDRESS	4425 North Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples, FL 34104
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 _____ 941-436-1981

CR2E034 (9/96)