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

**PROFIT** CORPORATION **ANNUIAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. <u>Clouthaus</u>

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000085784 (2)

ARCHITECTURAL ALUMINUM DESIGN, INC.

Principal Place of Business

Mailing Address

## **FILED** Jun 05 1997 8:00am Secretary of State



4511 NORTH EAST 6TH AVENUE OAKLAND PARK FL 33334			4511 NORTH EAST 6TH AVENUE OAKLAND PARK FL 33334-2311				
					3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	applied For
21		26	<del></del>		65-071-47	16	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 24	Country 25	Zıp	Count	ry	This corporation has liability for in Florida Statutes	ntangible tax under	s. 199.032,
= 11	9. Name and Address of Cur		1231		10. Name and Address of New Reg	gistered Agent	
BUT	TERSON, TERRY L		8	1 Name			
861	NORTH EAST 48TH STREET (LAND PARK FL 33334		82 Street Ac		dress (P.O. Box Number is Not Acceptab	le)	·····
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•			8	4 City	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	FL 85 Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Str m familiar with, and accept the ob	ate of Florida. Such change was	authorized l	ov the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing t the appointment a	its registered s registered
SIGNATURE							
				gent signature requ	vired when reinstating)	DATE	
12.	OFFICERS A		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	BUTTERSON, TERRY L	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	4511 NORTH EAST 6TH AV	ENLIE	1.2 NAM				
STREET ADDRESS	OAKLAND PARK FL 33334	ENGE	ı.	ET ADDRESS			
CITY-ST-ZIP	OANDARD FARK FE 33334	Contrac	1.4 CITY-			[ ] Ohaman	4.4400
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TITLE			6.1 TITLE			Change	
NAME ATACET APPACA			6.2 NAMI				•
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			ĺ

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 artistachment with an address.