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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085784 (2)

ARCHITECTURAL ALUMINUM DESIGN, INC.

Country

25

| Principal Place of Business | | | | | | | | |
|-----------------------------|-------|------|-----|--------|--|--|--|--|
| 4511 | NORTH | FAST | 6TH | AVENUE | | | | |

OAKLAND PARK FL 33334

2. Principal Place of Business

Suite, Apt. #, etc

SIGNATURE:

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apl. #, etc.

26

27

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4511 NORTH EAST 6TH AVENUE OAKLAND PARK FL 33334

FILED Apr 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes No

Not Applicable

3. Date Incorporated or Qualified

10/14/1996

65-0714416

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

| g. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | |
|---|---|---------------------|---|--|--|--|
| BUTTERSON, TERRY L 861 NORTH EAST 48TH STREET OAKLAND PARK FL 33334 | | | T۱ | Name | | |
| | | | 1 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | Ĭ_ | | | |
| | | 83 | T | | | |
| | | 84 | +, | City 85 Zip Code | | |
| | | • | Ι, | FL 63 ZIP COOP | | |
| 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 profiled name of registered agent and title if apply able (NOTE Regi | istered And | eni s | signature required when reinstating) DATE | | |
| | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D DELETE | 1.1 TITLE | | Change Addition | | |
| NAME | BUTTERSON, TERRY L | 1.2 NAME | | | | |
| STREET ADDRESS | ACAA MOODIA PAOT ODI AMBANIE | | T AD | DDRESS | | |
| CITY-ST-ZIP | OAKLAND PARK FL 33334 | 1.4 CITY - ST - ZIP | | ZIP | | |
| TITLE | DELETE 2.171 | | | Change Addition | | |
| NAME | | | | | | |
| STREET ADDRESS | et address | | I AD | DDRESS | | |
| CITY-ST-ZIP | ZIP | | ST- | - ZIP | | |
| TITLE | DELETE | | _ | Change Addition | | |
| NAME | NAME | | | | | |
| STREET ADDRESS | s | | T AD | DDRESS | | |
| CITY-ST-ZIP | | 3.4. CITY-5 | ST- | -ZIP | | |
| TITLE | DELETE | | | Change Addition | | |
| NAME | | | | | | |
| STREET ADDRESS | ESS | | T AO | ODRESS (| | |
| CITY-ST-ZIP | | 4.4 CITY-S | ST - 2 | ZIP | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | 5.2 NAME | | | | |
| STREET ADDRESS | ADDRESS 5 | | T AD | DDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY - S | ST-2 | | | |
| TITLE | DELETE 6.1 | | | Change Addition | | |
| NAME | 62 | | | | | |
| STREET ADDRESS | | 63 STREET | T AD | DORESS | | |
| CITY-ST-ZIP | | 64 CITY-S | | | | |
| 14. Thereby 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. | | | | | | |

Country

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