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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015257

SOUTHWEST ALLIMINUM INC.

							. <u>.</u>				
Principal Place	e of Busines	s	Ma	ailing Address					.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3771 FRESNO I				71 FRESNO ROAD IRTH PORT FL 34287							
NORTH PORT FL 34287 NORTH PORT FL 34287								DO NOT WRITE IN THIS SPACE			
				•				3. Date Incorporated or Qualifed			
								02/13/1997			
2. Principal P	lace of Busin	ness	2a.	Mailing Address				4. FEI Number		A	pplied For
21			26					65-0736006		N	lot Applicable
Suite, Apt.	#, etc.		20	Suite, Apt. #, etc.	~			5 Certificate of Status Desired			Additional
22			27								equired
City & Stat	te			City & State				6. Election Campaign Financing			May Be
23			28					Trust Fund Contribution		Added	to Fees
Zip		Country		Zip	Cou	intry		8. This corporation owes the curr	ent year Inta		
24		25	29		30			Personal Property Tax.		Yes	□No
	9. Name	and Address of Curre	nt Regis	tered Agent		<u> </u>		10. Name and Address of New I	Registered A	Agent	
						81 N	ame				1
	RY, JEFF			82 Street			treet Addre	ss (P.O. Box Number is Not Accept	able)		
3771 FRESNO ROAD				621 Street Addre							
NOR	RTH PORT I	FL 34287				83		-	•		٠.
								·		06 70	Codo
		•				84 C	ity		FL	85 Zip	Code
affina ar r	roaictorad ac	ent or both in the State	of Florid	ta. Such channa was a	けけいいりてんじ	าทงเกค	amed corpo corporation	pration submits this statement for the	purpose or pt the appoir	itment as r	egistered
affina ar r	roaictorad ac	sions of Sections 607.05 lent, or both, in the State ith, and accept the obligit	of Floridations of	Such change was a Section 607.0305, Ele	nuthorized prida Stati	a by the tutes. Az	eside	when reinstating)	3-/5-	99	
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CITY-ST-ZIP 14. I 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, with all other like empowered.

6.2 NAME 6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90016 036 ***150.00