PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020695

LAKESIDE DISCOUNT ALUMINUM, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90010 020 ***158.75

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Principal Place of Business Mailing Address						C Ar w + 120		an aania arria	
2001 HWY 78 W OKEECHOBEE FL 34974		16 6TH STREET BHR		िति । इ.चे. प्राप्तीसम्बद्ध					
US US UKEECHOBEE FL 349/4					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
									-
2. Principal P	lace of Business	2a. Mailing Address						_ 	
21 16	6th St BHR	26	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1997 4. FEI Number 65-0749483 Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Street Address (P.O. Box Number is Not Acceptable) 83 84 City Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 87 1508, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered dids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered fide. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered fide. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered fide. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered fits. Section 607.0505, Florida Statutes. Variage Change Addition						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	₽			
City & Stat	e				6. Election Campaign Financing		\$5.00	May Be	
1 ' , .	echobor Florica	28	28				Ц		
Zip	Country		Zip Country			8. This corporation owes the curre	ent year Inta	ngible	
24 3497	14 [25]	29	30						□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				}
	nk, brenda l Ith street bhr			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	-	
OKEECHOBEE FL 34974				83					
				84	City			85 Zip (Code
44.5	10.45	and CO7 1509 Florido Statut	ion the of	201/0	named corne	pration submits this statement for the		hanging its	registered
i office or r	registered agent, or both, in the State o	of Florida. Such change was a	uthonzed	l by i	tne corporatioi	n's board of directors. I hereby accep	t the appoin	tment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Statu	ites.	•				
SIGNATURE		and title if opplicable /NOTE	Decistored	Agen	t cianature required	when reinstating)	DATE		[
12.	Signature, typed or printed name of registered agent OFFICERS ANI			Agen	t signature required			DIRECTO	RS IN 12
TITLE	D			TLE				Change	Addition
NAME				ME					
STREET ADDRESS	40 OTH OTDEET BUD		1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CF	TY- S1	r-ZIP				
TITLE	0,123,1332,123,13	DELETE	_					☐ Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP			2.4 CI	ITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TI	TLE				Change	Addition (
NAME			32 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3 4. CI	ITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TIT	TLE				Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP	i l								
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NAME		☐ DELETE	5.1 TII	ΠE	T-ZIP			☐ Change	Addition
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ì		☐ DELETE	5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT	TLE AME TREET TY-SI	ADDRESS			☐ Change	☐ Addition
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CITY-ST-ZIP			5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT 6.2 NA	TLE AME TREET TY-ST TLE AME	ADDRESS				

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.

SIGNATURE:

941-763-2868