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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000044023 (4)

1. Corporation Name

LONE STAR ALUMINUM INC.



Principal Place of Business

1633 SW SW MACEDO  
PORT ST LUCIE FL 34984

Mailing Address

1633 SW SW MACEDO  
PORT ST LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1997

2. Principal Place of Business

21 1623 SW MACEDO BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 1623 SW MACEDO BLVD  
Suite, Apt. #, etc.

4. FEI Number

160056-1534

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

23 Pt St Lucie Fla  
Zip Country

City & State

28 Pt St Lucie FL  
Zip Country

24 34984

25 St Lucie

29 34984

30 St Lucie

9. Name and Address of Current Registered Agent

COLLINS, NANCY  
1633 SW SW MACEDO  
PORT ST LUCIE FL 34984

10. Name and Address of New Registered Agent

81 Name

Nancy Collins

82 Street Address (P.O. Box Number is Not Acceptable)

1623 SW MACEDO

83

84 City

Pt St Lucie FL

FL

85 Zip Code

34984

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

Nancy Collins

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-30-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COLLINS, KENT  
STREET ADDRESS 1623 SW SW MACEDO  
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☐ DELETE

NAME COLLINS, NANCY  
STREET ADDRESS 1623 SW SW MACEDO  
CITY-ST-ZIP PORT ST LUCIE FL 34984

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1623 SW MACEDO BLVD  
PSC FL 34984

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1623 SW MACEDO BLVD  
PSC FL 34984

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Nancy Collins

Nancy Collins

1-7-97 SW 340 100Y

CR2E034 (10/97)