## 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 #. P97000049469 (4)

J. WHITE ALUMINUM, INC.

## **FILED** Jun 01 1998 8:00am Secretary of State



| Principal Place   | of Business                                | Mailing Address                   | ·                         |  | 814 18111 <b>9</b> 1918 8111 <b>9</b> 1811 1881 |
|---|--|-----------------------------------|---------------------------|--|---|
| 639 EAST OCEAN AVENUE SUITE 408 639 EAST OCEAN AVENU  |  |                                   | E SUITE 408               |  |   |
| BOYNTON BEACH FL 33435 BOYNTON BEACH  |  | BOYNTON BEACH FL 334              | 35                        | DO NOT WRITE IN THIS SPACE   |   |
|   |  |                                   |                           | 3. Date Incorporated or Qualified  | 7017OL  |
|   |  |                                   |                           | 06/05/1997   |   |
| 2. Principal Pl   | ace of Business                            | 2a. Mailing Address               | _ 1, 14                   | 4. FEI Number  | Applied For                                     |
| 21 1599   | S.W, 30th AVE                              | 26 1599 S.W.                      | 30-12 Ave.                | 65-0762127   | Not Applicable                                  |
| Suite, Apt.   | #, etc                                     | Suite, Apt. #, etc.               |                           | 5 Contificate of District Project  | \$8.75 Additional                               |
| 22 2017   | <b>4</b> S                                 | 27 Suite 5                        |                           | 5. Certificate of Status Desired   | Fee Required                                    |
| City & State  |  | City & State                      | Read El                   | Election Campaign Financing  | \$5.00 May Be                                   |
|   | NTON BEACH, FL                             | 28 1307~40H                       | Beach, FL                 | Trust Fund Contribution  | Added to Fees                                   |
| Zip<br>24 334   | 26 PAM BEND                                | - 22U21                           | 30 PAIN BEACH             | 8. This corporation owes or has paid the co                                | I   |
| 24 334  | 9. Name and Address of Current             | -AA                               | 30 121m DEACH             | Personal Property Tax due June 30.  10. Name and Address of New Registered | YesNo   |
| Ind Name 1  |  |                                   |                           |  |   |
| WOULET, IHOMAS J.H. ESU TARVEY 17. HARING EST.  |  |                                   |                           |  |   |
|   |  |                                   |                           | ress (P.O. Box Number is Not Acceptable)                                   | > 10  |
| BOYNTON BEACH FL 33435  |  |                                   |                           |  |   |
| i   |  |                                   | - Juit                    | z 3 <i>0</i> 0   |   |
|   |  |                                   | 84 City R                 | ca RAHN FI   | 85 Zip Code                                     |
| 11 Pursuant I   | o the mayisions of Rections 607 0502       | and 60 × 1508. Florida Statute    | s the above-named core    | poration submits this statement for the purpose                            |   |
| office or re  | egistered agent, or both, in the State of  | Florida Such change was a         | uthorized by the corporat | tion's board of directors. I hereby accept the ap                          | pointment as registered                         |
|   | n tamiliar with and account the civilgal   | ons of, Section GUZ 0505, No      | riga Statutes             | Vr. 0. 41  | 1 - 1 ar  |
| SIGNATURE Signature, typied or printed name of region red agret and title if applicable (IXOLE: Registered Agriculture required when reinstating)  DATE   |  |                                   |                           |  |   |
| 12.   | OFFICERS AND                               |                                   | 13.                       | ADDITIONS/CHANGES TO OFFICERS AN   | ID DIRECTORS IN 12                              |
| TITLE   | Ď  | DELETE                            | 1.1 TITLE                 |  | ☐ Change ☐ Addition                             |
| NAME  | CELIA, JAMES M JR                          |                                   | 1.2 NAME                  |  |   |
| STREET ADDRESS  | 21434 SUMMERTRAIL CIRCLE                   |                                   | 1.3 STREET ADDRESS        |  |   |
| CITY-ST-ZIP   | BOCA RATON FL 33428                        |                                   | 1.4 CITY-ST-ZIP           |  |   |
| TETLE   | D  | ☐ DELETE                          | 21 TITLE                  |  | Change Addition                                 |
| NAME  | OSNATO, ROBERT A                           |                                   | 22 NAME                   |  | +   |
| STREET ADDRESS  | 2178 SUMMERTRAIL CIRCLE                    |                                   | 2 3 STREET ADDRESS        |  |   |
| CITY-ST-ZIP   | <b>80</b> CA RATON FL 33428                |                                   | 2. 4 CITY-ST-ZIP          |  |   |
| TITLE   |  | ☐ DELETE                          | 3.1 TITLE                 |  | Change Addition                                 |
| NAME  |  |                                   | 3.2 NAME                  |  |   |
| STREET ADDRESS  |  |                                   | 3 3 STREET ADDRESS        |  |   |
| CITY-ST-ZIP   |  | T objets                          | 3.4. CITY - ST - ZIP      |  |   |
| TITLE   |  | ☐ DELETE                          | 4.1 TITLE                 |  | ☐ Change ☐ Addition                             |
| NAME  |  |                                   | 4. 2 NAME                 |  |   |
| STREET ADDRESS  |  |                                   | 4.3 STREET ADDRESS        |  |   |
| CITY-ST-ZIP   |  | DELETE                            | 4.4 CITY-ST-ZIP           |  | Change Addition                                 |
| TITLE   |  | ☐ DELETE                          | 5.1 TITLE                 |  | ☐ Change ☐ Addition                             |
| NAME<br>PARET ADDRESS   |  |                                   | 5.2 NAME                  |  | ~~~ ~~  |
| STREET ADDRESS  |  |                                   | 5.3 STREET ADDRESS        |  | <b>1</b> € € €                                  |
| CITY-ST-ZIP   |  | DELETE                            | 5.4 CITY - ST - ZIP       |  | Change Addition                                 |
| TITLE   |  | T DETELE                          | 6.1 TITLE                 | 8000025434   |   |
| NAME<br>STREET ADDRESS  |  |                                   | 6.2 NAME                  | -06/02/98010060  | 19  |
| STREET ADDRESS  |  |                                   | 6.3 STREET ADDRESS        | -06/02/38010060<br>***158.75   | • •   |
| CITY-ST-ZIP   | ertify that the information surretied with | This filing right not qualify for | the exemption stated in   | •  |   |
| indicated on this annual report or supplemental annual report is tros and accurate and that my signature shall have the same legal effect as if made under oath; that I am an   |  |                                   |                           |  |   |
| 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 armual report by tros 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 oryporation or the receiver or trusted improveded 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 a national management of the provided statutes. |  |                                   |                           |  |   |