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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthafh

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058051 (8)

PAGLINO ALUMINUM INC.

Principal Place of Business

Mailing Address

5418 W LINEBAUGH AVENUE TAMPA FL 33625 5416 W LINEBAUGH AVENUE TAMPA FL 33625

FILED
May 22 1998 8:00am
Secretary of State



IAMPA FL 33	1AMPA PL 33023			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	
		.,				06/30/1997	
2. Principal Place of Business 28. Mailing Address						4. FEI Number 3510562 Applied For Not Applied For	
21 26 Suite, Apt. #, etc.						Not Applicable	
F=-7						5. Certificate of Status Desired Fee Required	
27						Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution	
Zip	Country	Zip	Co	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent		ļ.,		10. Name and Address of New Registered Agent	
BRACE, RONALD 720 E FLETCHER AVENUE				81	Name		
				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33613							
				83			
				84	City	85 Zip Code	
	AL CONTROL OF CONTROL	1 and 007 1100 Florid- 01-4	too the		n named as-	reportion submits this statement for the purpose of changing its registered	
	e giste red agent, or both, in the State in famil iar with, and accept the obliga	of Florida: Such ch ange w as tions of, Section <mark>607.0505</mark> , F	authorize Iorida Sta	ed by atutes	the corpora 3.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typical or printed more, of registered again	t and trice d'applicable (NC	II Register	ed Age	int signature requ	pired when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	11	INLE	i i	Change Addition	
NAME	Paglino, John		121	MAME			
STREET ADDRESS	16850 CRAWLEY ROAD		1.33	STREET	ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556			1.4 CHY-ST-ZIP			
TITLE	VPD	☐ DELETE		TITLE	1	Change Addition	
NAME	COLEGROVE, JACQUELYNE			NAME			
STREET ADDRESS	10403 WILLOWBRAE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	TAMPA FL 33624			2 4 CHY-ST-ZIP 3 1 THLF		Change Addition	
NAME		E Detert		NAME	i		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					ST-ZIP		
TITLE		DECETE		INLE		Change Addition	
NAME			4. 2	NAM E			
STREET ADDRESS			4.3	SIREET	ADDRESS		
CITY-ST-ZIP			44	CITY-S	I - ZIP		
. TITLE		☐ DELETE	51	TITLE		Change Addition	
NAME			5.2	NAME			
STREET ADDRESS			5.3	STRECT	ADDRESS		
CITY-ST-ZIP				CHIY-S	JI - ZIP	[AL	
TITLE		L_) DELETE	ı i	TITLE		Change	
NAME			1	NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4	CITY-S	Л - ZIP		

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 of the receiver or trosted 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 attain functional with an address.