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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000069880 (7)

BROTHERS ALUMINUM INC.

FILED Mar 31 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 423 SEMINOLE DR. 423 SEMINOLE DR. LANTANA FL 33462 LANTANA FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1997 2. Principal Place of Business El Number 65-0350238 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Żip 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CASPER. CHARLES J III 423 SEMINOLE DR. 82 Street Address (P.O. Box Number is Not Acceptable) LANTANA FL 33462 83 Zip Code 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. J Casper III 3-15-58 Charles ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE NAME CASPER, CHARLES J III 1.2 NAME 423 SEMINOLE DR. STREET ADDRESS 1.3 STREET ADDRESS CITY - ST- 7IP LANTANA FL 33462 1.4 CITY-ST-7IP Addition □ DELETE ☐ Change TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHTY - ST - ZIP DELETE Change Addition TITLE 317006 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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.

3-15-58