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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90115 004 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # P97000069880

1. Corporation Name
BROTHERS ALUMINUM INC.



| | |
|---------------------------------------------------------------------|---------------------------------------------------------|
| Principal Place of Business 423 SEMINOLE DR. LANTANA FL 33462 | Mailing Address 423 SEMINOLE DR. LANTANA FL 33462 |
|---------------------------------------------------------------------|---------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/12/1997 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0350238 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CASPER, CHARLES J III 423 SEMINOLE DR. LANTANA FL 33462 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 Charles J Casper III Charles J Casper III DATE 3-28-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------|---------------------------------|--|-------------------------------------------------------|-----------------------|--------------------------------------------|----------------------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | President / Director | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CASPER, CHARLES J III | | | 1.2 NAME | Casper, Charles J III | | |
| STREET ADDRESS | 423 SEMINOLE DR. | | | 1.3 STREET ADDRESS | 423 Seminole Dr. | | |
| CITY-ST-ZIP | LANTANA FL 33462 | | | 1.4 CITY-ST-ZIP | Lantana, FL 33462 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | Vice President | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 2.2 NAME | Rose, Richard L. | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | 423 Seminole Dr. | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | Lantana, FL 33462 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | Secretary | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 3.2 NAME | Casper, Benita L | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | 423 Seminole Dr. | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | Lantana, FL 33462 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | Treasurer | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 4.2 NAME | Casper, Benita L | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | 423 Seminole Dr. | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | Lantana, FL 33462 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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, with all other like empowered.

SIGNATURE: Charles J Casper III Charles J Casper III DATE 3-28-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0379664

CR2E034 (1/1/98)