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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90218 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000070269**

1. Corporation Name  
**E.T.A. ALUMINUM SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1130 PLAZA COMERCIO DR  
 ST PETERSBURG FL 33702**

Mailing Address  
**1130 PLAZA COMERCIO DR  
 ST PETERSBURG FL 33702**

3. Date Incorporated or Qualified  
**08/13/1997**

4. FEI Number  
**59-3464519**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**COSTANZO, ANGEL CORRIE  
 1130 PLAZA COMERCIO DR  
 ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D**  DELETE  
 NAME **COSTANZO, ANGEL CORRIE**  
 STREET ADDRESS **1130 PLAZA COMERCIO DR**  
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **P**  DELETE  
 NAME **COSTANZO, THOMAS J**  
 STREET ADDRESS **1130 PLAZA COMMERCIO DR**  
 CITY-ST-ZIP **ST PETE FL 33702**

TITLE **VTS**  DELETE  
 NAME **COSTANZO, ANGEL**  
 STREET ADDRESS **1130 PLAZA COMERCIO DR**  
 CITY-ST-ZIP **ST PETE FL 33702**

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

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Angel Costanzo - Angel Costanzo 4-19-99 Date 7-27-539-8888 Daytime Phone #

CR2E034 (1/98)