

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90051 035 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000005888** ✓  
 1. Corporation Name  
**G& Aluminum Services**

\* 5 5 4 6 6 8 \*

Principal Place of Business Mailing Address  
**30008 SW 159 DRIVE**  
**HOMESTEAD, FL. 33033**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 **SAME** 26 **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **N/A** 27 **N/A**  
 City & State City & State  
 23 **HOMESTEAD, FL.** 28 **SAME**  
 Zip Country Zip Country  
 24 **33033** 25 **U.S.A** 29 **SAME** 30

3. Date Incorporated or Qualified **P9800005888**  
**JANUARY 20, 1998** document # ↑  
 4. FET Number **65-080 4824** Applied For Not Applicable  
 5. Certificate of Status Desired  **N/A** \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  **N/A** \$5.00 May Be Added to Fees  
 7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**ANITA INGRID NEWSOME**  
**30008 SW 159 DRIVE**  
**HOMESTEAD, FL. 33033**

10. Name and Address of New Registered Agent  
 81 Name **N/A**  
 82 Street Address (P.O. Box Number is Not Acceptable) **N/A**  
 83 **N/A**  
 84 City **N/A** FL 85 Zip Code **N/A**

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE		
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME	<b>N/A</b>		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME	<b>N/A</b>		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME	<b>N/A</b>		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME	<b>N/A</b>		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME	<b>N/A</b>		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME	<b>N/A</b>		
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: **Anita Ingrid Newsome** 5-7-99 (305) 2488776  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone # (305) 951-6080

CR2E034 (11/98)