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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90051 035 ***150.00

DOCUMENT # 19800000 5988 62) Aluminum Services 5 5 5 4668 - 90051 - 35		
Cox Aluminum Services		
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Principal Place of Business Mailing Address		
3000 8 SW 159 DRIVE		
3000 8 SW 159 DRIVE HOMESTEAD, FL. 33033 DO NOT WRITE IN THIS:	SPACE	00
3. Date incorporated or Qualified		0002888
JANUARY 20,1998 Dave		
2. Principal Place of Business 2a. Mailing Address 4. FET Number 4. FET Number 4. FET Number	<u> </u>	lied For
	\$8.75 Ac	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired U/A	Fee Req	
City & State City & State 6. Election Campaign Financing	\$5.00 M	1av Be
23 - HON OSTEAD, C. 28 SAME Trust Fund Contribution	Added to	
Zip Country Zip Country 8. This corporation owes the current year Inta		
24 33033 25 U.S. A 29 SAMC 30 Personal Property Tax.		QNo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered A	Agent	
ANITA TNORID NEWSOME NITT		
30008 SW 159 DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)		
Homesteal, FC. 33033 N/A		
84 City	Jar Zin Cr	nde / 6
	85 Zip Co	J(R)
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 coffice 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 appoint	changing its re	ogistered ·
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Interest certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Firther 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: