


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

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90029 030 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S30567**  
 1. Corporation Name  
**MIDLAND ALUMINUM CORP. OF FLORIDA, INC.**

Principal Place of Business <b>MIDLAND ALUMINUM CORPORATION                  4522 107TH CIRCLE                  CLEARWATER FL 34622</b>	Mailing Address <b>MIDLAND ALUMINUM CORPORATION                  4522 107TH CIRCLE                  CLEARWATER FL 34622</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified <b>02/07/1991</b>	
4. FEI Number <b>59-3053599</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**HAMMOND, JAMES M ESQ.  
 1831 N. BELCHER ROAD  
 SUITE A-1  
 CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>PARIANO, CHARLES T</b>	
STREET ADDRESS	<b>4635 WEST 160TH STREET</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44135</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>PARIANO, CHARLES P</b>	
STREET ADDRESS	<b>4635 WEST 160TH STREET</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44135</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>PARIANO, NANCY J</b>	
STREET ADDRESS	<b>4635 WEST 160TH STREET</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44135</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>PARIANO, C T</b>	
STREET ADDRESS	<b>4635 WEST 160TH STREET</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44135</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Charles P. Pariano* **SIGNATURE REQUIRED** 3-11-99 727-572-9505  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (11/98)