FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S44853 (7)

1. Corporation Name
C & M ALUMINUM ADDITIONS, INC.

Principal Place of Business
STAR ROUTE 3 BOX 770
SATSUMA FL 32189

Mailing Address
STAR ROUTE 3 BOX 770
SATSUMA FL 32189

3. Date Incorporated or Qualified: 04/11/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3056602 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 ___
Suite, Apt. #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

9. **Name and Address of Current Registered Agent**

TOWNSEND JR, WILLIAM L.
200 REID ST
FIRST UNION BANK BLDG
PALATKA FL 32178-0250

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 ______

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	POUPORE, GORDON ELI	
STREET ADDRESS	201 PICKEREL AVE	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	DST	[ ] DELETE
NAME	POUPORE, MARCIA ANN	
STREET ADDRESS	201 PICKEREL AVE	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	DV	[X] DELETE
NAME	DELARM, JOHN DOUGLAS	
STREET ADDRESS	400 PICKEREL AVE	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	DEU	[ ] DELETE
NAME	~~MALLOY, LOUIS WILFRED III~~	
STREET ADDRESS	~~1036 SHWY 17~~	
CITY-ST-ZIP	~~SATSUMA FL 3218~~	
TITLE	DU	[ ] DELETE
NAME	REC	
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	DEU	[ ] Change [X] Addition
4.2 NAME	MALLOY, LOUIS WILFRED III	
4.3 STREET ADDRESS	1036 SHWY 17	
4.4 CITY-ST-ZIP	SATSUMA FL. 32189	
5.1 TITLE	DU	[ ] Change [X] Addition
5.2 NAME	RECAMIER LUIS JR.	
5.3 STREET ADDRESS	124 CHERRY TRAIL	
5.4 CITY-ST-ZIP	PALATKA FL. 32177	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Marcia A Poupore MARCIA A POUPORE — 3-21-96 — 904-649-9930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)