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

26

27

Suite, Apt. #, etc.

City & State

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S67962

1. Corporation Name

Suite, Apt. #, etc.

City & State

A MARY LAME WROUGHT IRON AND ALUMINUM, INC.

2. Prin	cipal	Place	of Bus	iness		2a. Mailing Address					
	æ	-		-	20 mg						
1022 U.S. HIGHWAY 19 HOLIDAY FL 34961						1022 U.S. HIGHWAY 19 HOLIDAY FL 34961					
Principa	al Pla	ice of	Busine	ss				Mailing Address			

FILED Mar 08, 1999 8:00 am **Secretary of State**

03-08-1999 90082 028 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

-07/23/1991· 4. FEI Number

59-3074923

23		28			Trust Fund	I Contribution	Added to	Fees			
Zip	Country	Zip	Country	,	8. This corpo	ration owes the current yea		_			
24	25	29 3	0		Personal P	Property Tax.	Yes	□No			
	9. Name and Address of Current R	legistered Agent			10. Name and	Address of New Register	red Agent				
			81	Name							
	E, RICHARD M		82	Street Addre	ess (P.O. Box Nu	mber is Not Acceptable)					
	! U.S. HWY 19			0							
HOL	IDAY FL 34691		83								
=			84	City			85 Zip C	ode -			
				'			FL				
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	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: R	egistered Age	nt signature required	1 when reinstating)	DAT	E				
12.	OFFICERS AND		13.			CHANGES TO OFFICER	S AND DIRECTO				
TITLE	PTD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition			
NAME	PRICE, RICHARD M		1.2 NAME								
STREET ADDRESS	1022 U.S. HWY 19		1.3 STREE	TADDRESS							
CITY-ST-ZIP	HOLIDAY FL 34961	•	1.4 CiTY-S	T-ZIP							
TITLE	SD	☐ DELETE	2.1 TITLE				Change	☐ Addition			
· NAME	KATONA, STEVEN	of the second se	2.2 NAME		سني سره مشي		·- -	1			
STREET ADDRESS	1022 U.S. HWY 19		2.3 STREE	T ADDRESS				ļ			
CITY-ST-ZIP	HOLIDAY FL 34691		2. 4 CITY-	ST-ZIP							
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition			
NAME			3.2 NAME								
STREET ADDRESS:			3.3 STREE	T ADDRESS				İ			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition			
NAME			4. 2 NAME					Ì			
STREET ADDRESS			4.3 STREE	TADORESS				{			
City-St-Zip			4.4 CITY-S	ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE	İ			Change	☐ Addition			
NAME .			5.2 NAME			•					
STREET ADDRESS			5.3 STREE	TADDRE\$\$							
CRTY-ST-ZIP			5.4 CITY-S	ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE				Change .	☐ Addition			
NAME ' '	• •		6.2 NAME					1			
STREET ADDRESS	•		6.3 STREE	TADDRESS				[]			
CITY-ST-ZIP			6.4 CITY-S								
	certify that the information supplied with	this filing does not qualify for t	he exemn	ion stated in S	Section 119.07(3)	(i) Florida Statutes, I furthe	ar certify that the in	nformation -			

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(5)(f), I foliate state the limit that it am an officer or director of the corporation of 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: