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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V06399 (2)
1. Corporation Name
CUSTOM ORNAMENTAL IRON & ALUMINUM, INC.



Principal Place of Business Mailing Address
715-2 WHITNEY AVE. 715-2 WHITNEY AVE.
LANTANA FL 33462 LANTANA FL 33462-1646

3. Date Incorporated or Qualified 01/14/1992 3a. Date of Last Report 04/22/1996
4. FEI Number 65-0315460 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

CAIN CATHRYN M.
715-2 WHITNEY AVE.
LANTANA FL 33462

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 *Cathryn M. Cain*
Signature typed or printed name of registered agent and acceptable

CATHRYN M. CAIN

(NOTE: Registered Agent signature required when reinstating)

DATE 4/25/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAIN, BUFFORD H.	
STREET ADDRESS	715-2 WHITNEY AVE.	
CITY-ST-ZIP	LANTANA FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CAIN, CATHRYN M.	
STREET ADDRESS	715-2 WHITNEY AVE.	
CITY-ST-ZIP	LANTANA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAIN, B MARK	
STREET ADDRESS	336 GREENBRIER DR	
CITY-ST-ZIP	PALM SPRINGS FL	
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	Sec./Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CATHRYN M. CAIN
2.3 STREET ADDRESS	715-2 WHITNEY AVE.
2.4 CITY-ST-ZIP	LANTANA, FL. 33462
3.1 TITLE	V.PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BUFFORD MARK CAIN
3.3 STREET ADDRESS	336 GREENBRIER DR.
3.4 CITY-ST-ZIP	PALM SPRINGS, FL. 33460
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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 BUFFORD H. CAIN

Date

Daytime Phone #

CR2E034 (9/96)