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Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 1107 4th AVENUE S. | | 26 1107 4th AVENUE SO. | | 01/14/1992 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 City & State | | 27 City & State | | 65-0315460 | |
| 23 LAKE WORTH, FL. | | 28 LAKE WORTH, FL. | | Applied For | |
| Zip | | Zip | | Not Applicable | |
| 24 33460 | | 29 33460 | | 5. Certificate of Status Desired | |
| Country | | Country | | 30 | |
| 25 | | 30 | | 8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing | |
| | | | | Trust Fund Contribution | |
| | | | | 8. This corporation owes or has paid the current year Intangible | |
| | | | | Personal Property Tax due June 30. | |
| | | | | Yes No | |

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 | CATHRYN M. CAIN |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | 2118 W. PALMA CIR. |
| 84 City | WEST PALM BEACH FL |
| 85 Zip Code | 33415 |

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 and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|----------------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | CAIN, BUFFORD H. | 1.2 NAME | CAIN, BUFFORD H. |
| STREET ADDRESS | 715-2 WHITNEY AVE. | 1.3 STREET ADDRESS | 1107 4th AVENUE SO. |
| CITY-ST-ZIP | LANTANA FL | 1.4 CITY-ST-ZIP | LAKE WORTH, FL. 33460 |
| TITLE | ST | 2.1 TITLE | ST: CATHRYN M. CAIN |
| NAME | CAIN, CATHRYN M. | 2.2 NAME | CATHRYN M. CAIN |
| STREET ADDRESS | 715-2 WHITNEY AVE. | 2.3 STREET ADDRESS | 2118 W. PALMA CIR. |
| CITY-ST-ZIP | LANTANA FL | 2.4 CITY-ST-ZIP | WEST PALM BEACH, FL. 33415 |
| TITLE | VP | 3.1 TITLE | |
| NAME | CAIN, B MARK | 3.2 NAME | |
| STREET ADDRESS | 336 GREENBRIER DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM SPRINGS FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE:

Bufford H. Cain

4-15-98 (401) 585-2114

CR2E034 (10/97)