

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 AUG -7 AM 10:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V11235 (1)

1. Corporation Name
E.T.A. ALUMINIUM, INCORPORATED

Principal Place of Business Mailing Address
4770-110TH AVE., NORTH UNIT 9 CLEARWATER FL 34622 US **4770-110TH AVE., NORTH UNIT 9 CLEARWATER FL 34622 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **1130 Plaza Comercio Dr.** 26 **P.O. Box 20825**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **St. Petersburg, FL** 28 **St. Petersburg, FL**
24 **33702** 25 **Anellas** 29 **33702** 30 **Pinellas**

3. Date Incorporated or Qualified **01/31/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3112063** 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. The corporation has liability for intangible tax under s. 198 (1)(2) Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COSTANZO, ANGEL C.
1130 PLAZA COMERCIO DRIVE
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent
81 Name **Costanzo, Thomas J.**
82 Street Address (P.O. Box Number is Not Acceptable) **1130 Plaza Comercio Dr.**
83
84 City **St. Petersburg** FL 85 Zip Code **33702**

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 **Thomas J. Costanzo** (DATE) **7/31/95**

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	COSTANZO, ANGEL
STREET ADDRESS	1130 PLAZA COMER DR
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	P
NAME	COSTANZO, THOMAS J.
STREET ADDRESS	1130 PLAZA COMERCIO DR.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), 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: **Angel Costanzo** **Angel Costanzo** 7/31/95 813-576-6288

CR2E034 (3/95)