FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # V30416

(4)

I. Curpuration	TIMAINE	` '				
IRISH ALUMINUM, INC.				É INDIA D'AGAN BARK DANA D'AGAN DIAGN DANA DANA DIAGN DEBAN DIAGN DEGAN DIAGN		
Principal Place	e of Business	Mailing Address				
5408 MEADSTONE COURT TAMPA FL 33624		5408 MEADSTONE COU	P T			
		TAMPA FL 33624	•••			
				3. Date Incorporated or Qualified	3a. Date of Last Report	
5 Principal D	ace of Business	Too Malling Advisor		04/20/1992 4. FEI Number	06/12/1995	
2, Principal Pi 21	ace or business	2a, Mailing Address 26		59-3117167	Applied For Not Applicable	
Suite, Apt.	#. etc.	Suite Apt. #, etc	<u></u>		\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees	
Ζιρ 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, s	
**	g. Name and Address of Curren		1301	10. Name and Address of New I		
			81 Name			
Brown, Glenn E.			82 Street Ado	Adoress (P.O. Box Number is Not Acceptable)		
2529 W BUSCH BLVD. S-900		*	Street Acto	DIESS (F.O. DOX PRUITIDALIS NAOL MOCADITADIA)		
		83				
TAMPA FL 33818			84 City		85 Zip Code	
•			'		FL	
 Pursuant t or register 	to the provisions of Sections 607.0502 red agent, or both, in the State of Flora	-and 607.1508, Florida Statute ta: Such change was authoriz	es, the above named corpo	iration submits this statement for the pu and of directors. Thereby accept the app	rpose of changing its registered office	
familiar wi	th, and accept the obligations of, Secti	ion 607.0505, Florida Statutes		and or directors. Trickedy decoupt the day	Antonem as registered agent Tanti	
SIGNATURE .	Signature hypedion printed name of registere (lagger)		The Flegoritems's Agreed is greature region		i	
12.	OFFICERS AN		13.	····	DATE FICERS AND DIRECTORS IN 12	
TITLE	-D	DELETE	1 1 FIFLE	7.7.0.7.0.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.7.7.0.0.7.0.0.7.0.7.0.0.7.0.0.7.0.0.7.0.0.7.0.0.7.0.0.0.7.0.0.7.0.0.7.0.0.7.0.0.7.0.0.7.0.0.7.0	Change Addition	
NAME	IRISH, JAMES B.		1.2 NAME			
STREET ADDRESS	5408 MEADSTONE COURT		1.3 STREET ADDRESS			
CITY-S1-ZIP	TAMPA FL		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2 1 T-TLE		Change Addition	
NAME	HUBBARD, PAMELA		2.2 NAME			
STREET ADDRESS	5408 MEADSTONE COURT		2.3 STREET ADDRESS			
CHY-ST-ZIP	TAMPA FL		2.4 CITY - S1 - ZIP			
TITLE		DELE II	3 1 TITLE _		Change 🔲 Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		İ	
CITY - ST - ZIP		F1 procur	3.4 CITY - ST - ZIP		Find the second	
T-TLE		☐ DEFEIE	4 170116		Charige Addition	
NAME STREET ADDRESS			4.2 NAME			
			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		[] DELETE	44 CITY-SI-ZIP 5 1 TILE		Change Addition	
NAMÉ		[] vece	5.2 NAME	nonoo 1 e:		
STREET ADDRESS			5.3 STREET ADDRESS	000001884750 -07/05/9601030049		
CITY-ST-ZIP			5.4 CiTy - ST - ZiP	***225.00	330 013	
THILE	1	☐ DELETE.	6 1 7/115		Change Addition	
NAME			6.2 NAMÉ			
STREET ADORESS			6.3 STREET ADDRESS			
CITY - ST - ZIF		€ 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 amount 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 corporal on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my extrue appears in Block 12 or 500, 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/Th

Daytri e Priore: #