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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

ALUMINUM EXCELLENCE INC.

Principal Place of Business	Mailing Address
2612 DRAKE DR	2612 DRAKE DR
Orlando Fl. 32610	Orlando Fl 32810

FILED May 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			- 1081/ 01/008 11/01 1101/ 18816 (1888 11/1 0101/ 0101/ 0101/ 0101/ 0101/ 0101/ 0101/ 0101/ 0101/ 0101/		
2612 DRAKE DR 20		2612 DRAKE DR			
ORLANDO FL		ORLANDO FL 32810)		DO NOT WRITE IN THE OF LOC
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					1 '
2. Principal Pla	ace of Business	2a. Mailing Address			04/24/1992 4. FEI Number Applied For
21		26			4. FEI Number Applied For S9-3117525 Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			SR 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
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
	rini, beverly w			81 Nar	me
	12 D rake Dr			82 Stre	eet Address (P.O. Box Number is Not Acceptable)
OR	L and o FL 32810				
				83	
				84 City	y 85 Zip Code
					FL
11. Pursuant to	o t he provisions of Sections 607.0 g aiste red agent, or both, in the Sta	502 and 607 1508, Florida State of Florida Such change w	atutes, the at	ove-nam	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent I ar	n familiar with, and accept the obl	ligations of Section 607.0505	, Florida Stat	utes.	ossiporation o bosita of anoctors, i nordby accept the appointment as registered
SIGNATURE .					
	Signature Type for printed name of registered a CSECTORS DO A	AND DIRECTORS		l Agent signa	adure required when reinstating) DATE ADDITIONS (CLANGED TO DEFICE DO AND DEPENDED IN 489
12.	DITIOTIES 6	DELETE	13.	1 F	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	PERINI, BEVERLY W	בן סנננית	1.2 NA		C change D Modition 1
STREET ADDRESS	2612 DRAKE DR			ime Reet addres	
CITY-ST-ZIP	ORLANDO FL				33
TITLE	D	☐ DELETE	1.4 CI 2 1 TII	Y-\$T-7IP	Change Addition
NAME	PERINI, MICHAEL D		2.2 NA		
STREET ADDRESS	2612 DRAKE DR			avic REE1 ADDRES	22:
CITY-ST-ZIP	ORLANDO FL			neet addres TY-ST-ZIP	
TITLE	VINNIDO I L	DELETE	3.1 111		Change Addition
NAME			3.2 NA		Change Tradition
STREET ADDRESS				REET ADDRES	22.
CITY-ST-ZIP				TY+ST+ZIP	~
TITLE		DELETE	4.1 TIT		☐ Change ☐ Addition
NAME			4. 2 N		
STREET ADDRESS				REET ADDRES	22
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		DELETE	5.1 Tit		☐ Change ☐ Addition
NAME			5.1 NA		Change Ziminin
STREET ADDRESS			1	ML Reet addres	ec
CITY-ST-ZIP			1	Y-ST-ZIP	00
TITLE		DELETE	6.1 H		☐ Change ☐ Addition
NAME	•		6.2 NA		20000253635276
STREET ADDRESS				NIC REET ADDRES	20000253635276 -05/27/9801034023 15.26 ***150.00
					***150.00
CITY-ST-ZIP			6.4 GH	Y-ST-ZIP	11140000

14. Thereby 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 13 if changed for on an attachment with an address