FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # PROTECTION PLUS ALUMINUM SPECIALISTS, INC. Principal Place of Business Mailing Address 6995 GREENHORN PTH 6995 GREENHORN PATH ST. CLOUD FL 34771 ST. CLOUD FL 34771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/04/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3127445 21 26 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HAYES, DENNIS L. 6995 GREENHORN PATH Street Address (P.O. Box Number is Not Acceptable) 82 ST. CLOUD FL 34771 83 84 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. Dennis L. Heryes Storative, typed or proved harne of registrined agent and tille it applicable Annus Adoy S (NOTE Registered Agent signature required when reinstating) SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE 1.1 TITLE HAYES, RHONDA L NAME 1.2 NAME CR2E034 6995 GREENHORN PATH STREET ADDRESS 1.3 STREET ADORESS ST. CLOUD FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Addition Change THILE 21 TITLE HAYES, DENNIS L NAME 2.2 NAME 6995 GREENHORN PATH STREET ADDRESS 2.3 STREET ADDRESS ST. CLOUD FL City - St - ZiP 2 4 CITY - ST - 7/P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

SIGNATURE:

NAME

STREET ADDRESS

14. I hereby cortify 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.