PI CORF	NOW: FILING FEE ROFIT PORATION AL REPORT		ORIDA DEPART Sandra B.	MENT OF STATE Mortham		
	99651-96	O la	Secretary Secretary OF CC	or State DREOFATIONS		
DOCUM	MENT # V440 8	30	(2)			
•• •	URNS ALUMINUM, INC.					
III IN D	Office / Longitudes, into					H
Principal Place of	of Business	Mailing A	ddress		1 100HI TIHAN ALDII AKON 3882.40H	II ARU OIRI AIRI RINI RINI BINI AIRI ARU AIRI
1929 HIGH ST. LONGWOOD FL 32750 US		431 SO. HAWTHORN CIR WINTER SPGS FL 32708 US			3. Date Incorporated or Qualified	3a. Date of Last Report
00		•			06/16/1992	05/01/1995
2. Principa! Plac	ce of Business	2a. Madin	g Address		4. FEI Number	Applied For Not Applicable
Suite, Apt. #	. etc.		Suite, Apt. #, etc.		59-3126801 5. Certificate of Status Desired	SQ 75 Additional
22		27	·			Fee Required
City & State		City 8	State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip		Country	8. This corporation has liability for	r intangible tax under s. 199.032, s. □ No
24	9 Name and Address of Curre	29 ent Registered	1	30]	Florida Statutes Ye 10. Name and Address of New	
11. Pursuant to or registere familiar with	AWTHORN CIR SPRINGS FL 32708 to the provisions of Sections 607.05 ad agent, or both, in the State of Fich, and accept the obligations of Se	02 and 607.1508 orida Such chan setus 607.0505,	3. Florida Statutes, ge was authorized Florida Statutes.		ard or directors it hereby encebracie ab	FL 85 32 768 urpose of changing its registered office portlment as registered agent. Lam
	Signatura (sued or glitted han ello" registered ag	ed and neit applicant AND DIRECTORS		Projectional Agent's qualitize required.	Contract of Comments of Commen	FICERS AND DIRECTORS IN 12
12.	S	IND DIRECTORS	DELETE	1 1 Till E	ADDITIONS OF THE SECOND	Change Addition
NAME	BURNS, JOYCE A			1.2 NAMê		
STREET ADDRESS	431 SO. HAWTHORN CIR			1.3 STREET ADDRESS 1.4 C(TY+ST+Z)P		
CITY-ST-ZIP TITLE	WINTER SPGS FL		☐ DELETE	2 1 TITE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS 2.4 City-SI-ZiP		
CITY-ST-ZIP TITLE			DELETE	3 1 THUE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY - ST - ZIP		,	[] DELETE	3.4 CITY - ST - 7/P 4. 1 TRILE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY - S1 - ZIP				4.4 CITY - ST - ZIP		Change Addition
TITLE			☐ DEFE JE	5 1 TITLE		Change CT Montifort
NAME CIRCLI ADDRESS				5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY+S1-ZIP				5.4 CHY+ST-ZIP		
TITLE			DELETE	6 1 TITLE		Change Addition
NAME				6 ? NAME		
STREET ADDRESS				6 3 STREET ADDRESS		
CITY - ST - ZIP		- I sist at a fix	To the Court of the Court	6 4 City - S1 - ZiF	for the exemption stated in Section 1	19.07(3t/k) Florida Statutes I further

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 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 attaching it with an address

SIGNATURE:

S

CR2E034 (12/95)