

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000008191 (6)**

1. Corporation Name
CAPITAL ALUMINUM PRODUCTS, INC.



Principal Place of Business
**5015 S FLORIDA AVE
SUITE 200
LAKELAND FL 33813**

Mailing Address
**P.O. BOX 5252
LAKELAND FL 33807
US**

3. Date Incorporated or Qualified 02/02/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3224246	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCFARLANE, PETER A 5015 S FLORIDA AVE SUITE 215 LAKELAND FL 33813		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. 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.

SIGNATURE _____ (Print Name, Title, and Date)
DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, LAWRENCE W	1.2 NAME	
STREET ADDRESS	5015 S FLORIDA AVE #200	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33813	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOATS, RAYMOND L	2.2 NAME	
STREET ADDRESS	5015 S FLORIDA AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33813	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, TODD	3.2 NAME	
STREET ADDRESS	5015 S FLORIDA AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33813	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHIS, GEORGE	4.2 NAME	
STREET ADDRESS	5015 S FLORIDA AVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKELAND FL 33813	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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, or both, with an address.

SIGNATURE: _____
SIGNATURE AND TYPE (PRINT) NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (12/95)