

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K21423** (4)

1. Corporation Name
A-1 ALUMINUM DESIGN, INC.



Principal Place of Business: **C/O LAWRENCE F. HAHN, 13400 CHAMBOARD STREET, UNIT #10, BROOKSVILLE FL 34613-4896, US**
Mailing Address: **C/O LAWRENCE F. HAHN, 13400 CHAMBOARD STREET, UNIT #10, BROOKSVILLE FL 34613-4896, US**

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

3. Date Incorporated or Qualified 04/13/1988	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2895191	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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HAHN, LAWRENCE F 13400 CHAMBOARD STREET, UNIT #10 BROOKSVILLE FL 34613				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 _____ Signature typed or printed name of registered agent at this filing date _____ #001 Registered Agent signature name (when changing) _____ DAY _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAHN, LAWRENCE F.		2. NAME		
STREET ADDRESS	8122 DALAVAN DR.		3. STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE FL		4. CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAHN, BARBARA G.		2. NAME		
STREET ADDRESS	8122 DALAVAN DR.		2.3 STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE FL		2.4 CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEELEMEN, DAWN M		3.2 NAME		
STREET ADDRESS	1248 PILGRIM RD.		3.3 STREET ADDRESS		
CITY- ST- ZIP	SPRING HILL FL		3.4 CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTRELL, JOYCE C.		4.2 NAME		
STREET ADDRESS	15679 BROOKRIDGE BLVD.		4.3 STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE FL		4.4 CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAHN, JEFFREY S		5.2 NAME		
STREET ADDRESS	7446 MONTROSE AVE.		5.3 STREET ADDRESS		
CITY- ST- ZIP	BROOKSVILLE FL		5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 CITY- ST- ZIP		

D Cantrell, Ray L.
15679 Brookridge Blvd.
Brooksville FL 34613

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)(g), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Joyce Cantrell* JOYCE CANTRELL 4/3/96 352-597-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)