

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K21423 (4)

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



Principal Place of Business C/O LAWRENCE F. HAHN 13400 CHAMBORD STREET, UNIT #10 BROOKSVILLE FL 34613-4896 US	Mailing Address C/O LAWRENCE F. HAHN 13400 CHAMBORD STREET, UNIT #10 BROOKSVILLE FL 34613-4881 US
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3. Date Incorporated or Qualified 04/13/1988	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 13422 Chambord St Suite, Apt. #, etc. 22 City & State 23 Brooksville FL Zip 24 34613	2a. Mailing Address 26 13422 Chambord St Suite, Apt. #, etc. 27 City & State 28 Brooksville FL Zip 29 34613	Country 25 U.S.	Country 30 U.S.
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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

**HAHN, LAWRENCE F
 13400 CHAMBORD STREET, UNIT #10
 BROOKSVILLE FL 34613**

10. Name and Address of New Registered Agent

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 and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HAHN, LAWRENCE F.	
STREET ADDRESS	8122 DALAVAN DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAHN, BARBARA G.	
STREET ADDRESS	8122 DALAVAN DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NEELEMAN, DAWN M	
STREET ADDRESS	4246 PILORIM RD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CANTRELL, JOYCE C.	
STREET ADDRESS	15679 BROOKRIDGE BLVD.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAHN, JEFFREY S	
STREET ADDRESS	7446 MONTROSE AVE.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANTRELL, RAY L.	
STREET ADDRESS	15679 BROOKRIDGE BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD Winnick, Dawn M
3.3 STREET ADDRESS	18218 Sanger Court
3.4 CITY-ST-ZIP	Hudson FL 34667
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (9/96)