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FILE	NOW: FILING	FEE AFTER	R MAY 1 IS	S \$225	.00			
PROFIT CORPORATION ANNUAL REPORT 1996  DOCUMENT # L167			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		STATE			
		6751						
••	LUTE WALL COVERIN	IGS. INC.						
Principal Place	of Business	Maring	Maing Address			a theritati dot trace arkit kadar brida hidi bidit bidit didit atdit didit bidit didit didit. Aldi		
1841 NW 111 AVE PEMBROKE PINES FL 33026 US		PE	1841 NW 111 AVE PEMBROKE PINES FL 33026 US					
·						<ol> <li>Date Incorporated or Qualified 09/19/1989</li> </ol>	d 3a, Date of Last Report 04/24/1995	
2. Principal Place	ce of Business	2a. Ma 26	iling Address			4. FEI Number 65-0153016	Applied For Not Applicable	
Suite, Apt. #,	, etc.		te, Apt. #. etc.		•	Certificate of Status Desired	\$8.75 Additional	
City & State		City	8 State			6. Election Campaign Financing	<b>40100</b> 1110,00	
Zip	Country	<b>28</b> Zip		Country		Trust Fund Contribution  8. This corporation has liability for	Added to Fees or intangible tax under s 199.032,	
24	25 9. Name and Address of	29 Current Registere		30			es 🔲 No	
DEAFE	DANIARI T			81	Name			
	RAPHAEL T W 111 AVE			82	Street A	ddress (P.O. Box Number is Not Accept	able)	
PEMBR	OKE PINES FL 33026			83				
				84	City		85 Zip Code	
	the provisions of Sections 60 diagent, or both, in the State ( , and accept the obligations of			, the above-r thy the corp	named corporation's b	poration submits this statement for the ploard of directors. Thereby accept the ag	ourpose of changing its registered office oppointment as registered agant. I am	
SIGNATURE .	grahes based or protect nase of register			411112		· ····································		
12.		RS AND DIRECTOR	RS PAOTE	13.	* signature req	ured wher reinstating: ADDITIONS/CHANGES TO O	DAIL FFICERS AND DIRECTORS IN 12	
TITLE	D PFAFF, RAPHAEL T.		DELETE	1.1101.6			Change Addition	
NAME STREET ADDRESS	1841 NW 111 AVE			1.2 NAME	ACCOUNCE .			
CITY-S1-ZIP	PEMBROKE PINES FL	_		13 STREET 14 CITY-S	[			
TITLE			☐ DELETE	2 1 TITLE			Change Addition	
NAME				2.2 NAME			<del>-</del>	
STREET ADDRESS				23 STREET	ADDRESS			
CITY - ST - ZIP				2 4 CITY - S	T · ZIF			
TITLE NAME			☐ DELETE	3 1 11116			Change Addition	
STREET ADDRESS				3 2 NAME 3 3 STREET	ADDRESS			
CITY-ST-7IP				3.4 CiTy - S				
TITLE			DELETE	4 1 TITLE	1 - 2 IF		Change Addition	
NAME				4.2 NAME			<u></u>	
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CI*Y-S	· ZIP			
TITLE			☐ DELETE	5 N TITLE			Change Addition	
NAME				5 2 NAME				
STREET ADDRESS				5.3 STREE1				
TITLE			DELETE	5.4 C/TY-S1	- <b>7</b> IP			
NAME			C) PICCIE	6 1 TILE			Change Addition	
				6.2 NAME	- 1			

6.3 STREET ADDRESS

STREET ADDRESS

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 incleaded on this annual report is true and accurate ano that my synature 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 encowered 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date:

Date:

Output provided by Chapter 607, Florida Statutes, I further exercise or trustee encowered 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:

Date:

Output provides the control of the corporation of t 4-15-96 954-438-625

CR2E034 (12/95)