

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2: 27

DOCUMENT # **P18096** (8)

1. Corporation Name
PYRAMID MOULDINGS INC.

Principal Place of Business
**5353 WEST ARMSTRONG AVE.
CHICAGO IL 60646-3594**

Mailing Address
**5353 WEST ARMSTRONG AVE.
CHICAGO IL 60646-3594**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/23/1988** 3a. Date of Last Report **02/04/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **35-8563628** Applied For Not Applicable

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **BLUE, WILLIAM A**
STREET ADDRESS **1042 HWY 135**
CITY-ST-ZIP **DANDRIDGE TN**

1.1 TITLE **C** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **CUTLER, RICHARD J.**
STREET ADDRESS **100 FEN WAY**
CITY-ST-ZIP **SYOSSET NY**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S**
NAME **GREEN, STEPHEN**
STREET ADDRESS **1588 UNION AVENUE**
CITY-ST-ZIP **HEWLETT NY**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **P**
NAME **BOYETT, OTTO**
STREET ADDRESS **5234 RIVERPARK VILLA**
CITY-ST-ZIP **ST. AUGUSTINE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V**
NAME **LEVINE, ROBERT B.**
STREET ADDRESS **124 S. MARION PL**
CITY-ST-ZIP **ROCKVILLE CENTRE NY**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VST**
NAME **RYAN, DANIEL E.**
STREET ADDRESS **132 WOODSTONE DRIVE**
CITY-ST-ZIP **BUFFALO GROVE IL**

6.1 TITLE Change Addition
6.2 NAME **Billy L Lutes**
6.3 STREET ADDRESS **584 Glacier Trail**
6.4 CITY-ST-ZIP **Roselle, FL 32072**

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 110.07(3)(a), 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 a filing fee.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR FIRM OR DIRECTOR

1/27/95 (914) 763-1200
Date (Type in form #)