

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

FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

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 60646-6509**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
02/23/1988

3a. Date of Last Report
02/20/1996

4. FEI Number
36-3563628

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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 607.09(2) and 607.15(8), 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 bound with and under the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE

(Signature of officer or director)

(If FEI Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BLUE, WILLIAM A	
STREET ADDRESS	1042 HWY 135	
CITY, ST., ZIP	DANDRIDGE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUTLER, RICHARD J.	
STREET ADDRESS	190 FEN WAY	
CITY, ST., ZIP	SYOSSET NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREEN, STEPHEN	
STREET ADDRESS	1588 UNION AVENUE	
CITY, ST., ZIP	HEWLETT NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOYETT, OTTO	
STREET ADDRESS	5234 RIVERPARK VILLA	
CITY, ST., ZIP	ST. AUGUSTINE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVINE, ROBERT B.	
STREET ADDRESS	124 S. MARION PL	
CITY, ST., ZIP	ROCKVILLE CENTRE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUTES, BILLY L	
STREET ADDRESS	534 GLACIER TRAIL	
CITY, ST., ZIP	ROSELLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I 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 included on this annual report or supplement to 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 on Block 12 or 13 of this report, or on an attached report with an address.

SIGNATURE *Billy L. Lutes* **Billy L. Lutes**

1/13/97 (773) 763-1200

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE AND TELEPHONE NUMBER

CR2E034 (9/96)