

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

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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 60646-3594**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

*c/o*  
**TBG Services**  
**565 FULTON AVE, 17TH FLR**  
**New York, N.Y.**  
**10017-2413 USA**

3. Date Incorporated or Qualified  
**02/23/1988**

4. FEI Number  
**36-3563628**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUE, WILLIAM A</b>	1.2 NAME	
STREET ADDRESS	<b>1042 HWY 135</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DANDRIDGE TN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTLER, RICHARD J.</b>	2.2 NAME	
STREET ADDRESS	<b>190 FEN WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SYOSSET NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, STEPHEN</b>	3.2 NAME	
STREET ADDRESS	<b>1588 UNION AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HEWLETT NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYETT, OTTO</b>	4.2 NAME	
STREET ADDRESS	<b>5234 RIVERPARK VILLA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVINE, ROBERT B.</b>	5.2 NAME	
STREET ADDRESS	<b>124 S. MARION PL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKVILLE CENTRE NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUTES, BILLY L</b>	6.2 NAME	
STREET ADDRESS	<b>534 GLACIER TRAIL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSELLE FL</b>	6.4 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 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: *[Signature]* 1/19/98 093713-120

CR2E034 (10/97)