

0004277

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P18096
1. Corporation Name
PYRAMID MOULDINGS INC.

Principal Place of Business: 5353 WEST ARMSTRONG AVE. CHICAGO IL 60646-3594
Mailing Address: 565 FIFTH AVE 17TH FLR NEW YORK NY 10017-2413 US



DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25	Country	Zip
26	Country	Zip
27	Country	Zip
28	Country	Zip
29	Country	Zip
30	Country	Zip

3. Date Incorporated or Qualified: 02/23/1988
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 owes the current year Intangible Personal Property Tax: 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUTLER, RICHARD J.	
STREET ADDRESS	190 FEN WAY	
CITY-ST-ZIP	SYOSSET NY	
TITLE	S/P	<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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Haegele, Jack E	
1.3 STREET ADDRESS	565 Fifth Ave	
1.4 CITY-ST-ZIP	New York, NY 10017	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *Robert B. Levine* ROBERT B. LEVINE 1/4/99 212-850-8500
VICE PRESIDENT