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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **822316** **(6)**

1. Corporation Name

TEXTURED COATINGS OF AMERICA INC.

Principal Place of Business	Mailing Address
5950 S. AVALON BLVD. LOS ANGELES CA 90003	5950 S. AVALON BLVD. LOS ANGELES CA 90003

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/22/1969	3a. Date of Last Report: 04/21/1994
4. FEI Number: 95-2142699	☐ 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	

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	HAINES, STUART M	12 NAME		
STREET ADDRESS	5950 S AVALON BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 00000	14 CITY-ST-ZIP		
TITLE	VTS	21 TITLE		☐ Change ☐ Addition
NAME	SALAZAR, VICTOR C.	22 NAME		
STREET ADDRESS	5950 S AVALON BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 00000	24 CITY-ST-ZIP		
TITLE	EVD	31 TITLE		☐ Change [redacted]
NAME	HAINES, MICHAEL	32 NAME		
STREET ADDRESS	5950 S AVALON BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SALAZAR, VICTOR C.	42 NAME		
STREET ADDRESS	5950 S AVALON BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	MALLY, HUGH	52 NAME		
STREET ADDRESS	4101 RAVENSWOOD RD., STE. 115A	53 STREET ADDRESS	3009 GREENE ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ 04/14/95 (213) 233-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VICTOR C. SALAZAR

0401811 FP