

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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 822316 (6)  
1. Corporation Name  
TEXTURED COATINGS OF AMERICA INC.



Principal Place of Business 5950 S. AVALON BLVD. LOS ANGELES CA 90003	Mailing Address 5950 S. AVALON BLVD. LOS ANGELES CA 90003-1310
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 2422 E 15th ST 27 Suite, Apt. #, etc. 28 Panama City 29 Zip 30 Bay		3. Date Incorporated or Qualified 01/22/1969	3a. Date of Last Report 05/01/1996
				4. FET Number 95-2142699	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 FL	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	C
NAME	HAINES, STUART M	1.2 NAME	
STREET ADDRESS	5950 S AVALON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 00000	1.4 CITY-ST-ZIP	
TITLE	VTB	2.1 TITLE	PD
NAME	SALAZAR, VICTOR C.	2.2 NAME	Joy Haines
STREET ADDRESS	5950 S AVALON BLVD	2.3 STREET ADDRESS	5950 S Avalon Blvd
CITY-ST-ZIP	LOS ANGELES, CA 00000	2.4 CITY-ST-ZIP	Los Angeles, CA 90003-1384
TITLE	EVD	3.1 TITLE	
NAME	HAINES, MICHAEL	3.2 NAME	
STREET ADDRESS	5950 S AVALON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES, CA 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SALAZAR, VICTOR C.	4.2 NAME	
STREET ADDRESS	5950 S AVALON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	MALLY, HUGH	5.2 NAME	
STREET ADDRESS	4101 RAVENSWOOD ROAD BLDG 4 #105A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	EVP	6.1 TITLE	
NAME	BARNES, BENJAMIN	6.2 NAME	
STREET ADDRESS	4101 RAVENSWOOD ROAD BLDG 4	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_

CR2E034 (9/96)