


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 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 # F94000006468 (2)
 1. Corporation Name
DAL-TILE CORPORATION



Principal Place of Business 1000 CANNON AVENUE LANSDALE PA 19446 US	Mailing Address 7834 HAWN FRWY DALLAS TX 75217 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7834 C.F. HAWN FRWY	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 16-0577180	Applied For <input type="checkbox"/> Not Applicable
City & State 23 DALLAS TX	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 75217	Country 25 USA	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BULL, HOWARD I	
STREET ADDRESS	7834 HAWN FRWY	
CITY-ST-ZIP	DALLAS TX	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KULPA, BARRY J	
STREET ADDRESS	7834 HAWN FRWY	
CITY-ST-ZIP	DALLAS TX	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SMITH, CHRISTINE J	
STREET ADDRESS	65 E 55TH ST 27TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TVPD	<input checked="" type="checkbox"/> DELETE
NAME	SALA, CARLOS E	
STREET ADDRESS	7834 HAWN FRWY	
CITY-ST-ZIP	DALLAS TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CHANDLER, WILLIAM R	
STREET ADDRESS	7834 HAWN FRWY	
CITY-ST-ZIP	DALLAS TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FINNIGAN, DAVID F	
STREET ADDRESS	1000 CANNON AVENUE	
CITY-ST-ZIP	LANSDALE PA 19446	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACK SARDAS	
1.3 STREET ADDRESS	7834 HAWN FRWY	
1.4 CITY-ST-ZIP	DALLAS TX 75217	
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 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: *WILLIAM R. CHANDLER* 7/2/97 (214) 309-4467

CR2E034 (4/97)