
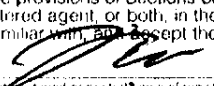


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L40828 (0)</b> 1. Corporation Name <b>EXTERIOR CONCEPTS, INC.</b>					
Principal Place of Business <b>5950 HESTER AVENUE</b> <b>SANFORD FL 32773</b> <b>US</b>			Mailing Address <b>P.O. BOX 508943</b> <b>ORLANDO FL 32856-8943</b> <b>US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 <b>PO BOX 520181</b> Suite, Apt. #, etc. 27 City & State 28 <b>LONGWOOD, FL</b> Zip 29 <b>32752</b> Country 30 <b>Seminole</b>		3. Date Incorporated or Qualified <b>01/03/1990</b> 3a. Date of Last Report <b>10/02/1996</b> 4. FEI Number <b>65-0167573</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GOOGINS, DANIEL J.</b> <b>2501 S. BUMBY AVENUE</b> <b>ORLANDO FL 32808</b>			10. Name and Address of New Registered Agent 81 Name <b>Louis L. Banka II</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5950 Hester Ave</b> 83 84 City <b>Sanford</b> <b>FL</b> 85 Zip Code <b>32773</b>		
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  <b>Louis L. Banka II, President</b> 4-14-97 (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE <b>PSTD</b> <input type="checkbox"/> DELETE NAME <b>BANKA, LOUIS LEON II</b> STREET ADDRESS <b>5950 HESTER AVENUE</b> CITY-ST-ZIP <b>SANFORD FL</b> TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>RICE, DARYL</b> STREET ADDRESS <b>10 OLD BARN WAY</b> <i>spelling incorrect</i> CITY-ST-ZIP <b>CASSELBERRY FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>- 10 Old Barn Way</b> 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:  **Louis L. Banka II** 4/14/97 (407) 330-9296  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)