

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Aug 11 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000001210 (2)
 1. Corporation Name
 NATIONAL DUCT MASTIC MANUFACTURERS ASSOCIATION, INC.



Principal Place of Business: 214 ROYAL OAK CIRCLE, LONGWOOD FL 32779-3548
 Mailing Address: 214 ROYAL OAK CIRCLE, LONGWOOD FL 32779-3548

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 02/28/1995
 3a. Date of Last Report: 07/02/1996

2. Principal Place of Business: 21 926 Great Pond Drive, Suite 1003, Altamonte Springs, FL 32714, USA
 2a. Mailing Address: 26 926 Great Pond Drive, Suite 1003, Altamonte Springs, FL 32714, USA

4. FEI Number: 59-3302638
 6. 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 MONAHAN, THOMAS A
 214 ROYAL OAK CIRCLE
 LONGWOOD FL 32779-3548

10. Name and Address of New Registered Agent
 81 Name: Thomas A. Monahan
 82 Street Address (P.O. Box Number if Not Acceptable): 926 Great Pond Drive #1003
 83
 84 City: Altamonte Springs, FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE: *Thomas A. Monahan* DATE: 8/2/97
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	BROGAN, KEVIN
STREET ADDRESS	P.O. BOX 547808 N/A
CITY-ST-ZIP	ORLANDO FL 32854-7806
TITLE	D <input type="checkbox"/> DELETE
NAME	PRATER, HARRY
STREET ADDRESS	2030 CENTURY CENTER BLVD STE 8
CITY-ST-ZIP	IRVING TX 75062
TITLE	D <input type="checkbox"/> DELETE
NAME	KAISER, LARRY
STREET ADDRESS	P.O. BOX 14669 N/A
CITY-ST-ZIP	HOUSTON TX 77221-4669
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, LYLE R
STREET ADDRESS	12682 CONSTRUCTION CIR. E
CITY-ST-ZIP	IRVINE CA 92714
TITLE	D <input type="checkbox"/> DELETE
NAME	DUQUETTE, HOLLY
STREET ADDRESS	PO BOX 029100 N/A
CITY-ST-ZIP	MIAMI FL 30102
TITLE	D <input type="checkbox"/> DELETE
NAME	ERICKSON, JAY
STREET ADDRESS	PO BOX 1239 NA
CITY-ST-ZIP	WYLIE TX 75098

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)

SIGNATURE REQUIRED *alho* *6172214669*