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FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P18096 (8)  
1. Corporation Name  
PYRAMID MOULDINGS INC.

Principal Place of Business  
5353 WEST ARMSTRONG AVE.  
CHICAGO IL 60646-3594

Mailing Address  
5353 WEST ARMSTRONG AVE.  
CHICAGO IL 60646-3594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 TBG Services

27 Suite, Apt. #, etc.

28 City & State

29 New York, N.Y.

30 Zip

31 Country

3. Date Incorporated or Qualified

02/23/1988

4. FEI Number

36-3563628

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE

NAME BLUE, WILLIAM A  
STREET ADDRESS 1042 HWY 135  
CITY-ST-ZIP DANDRIDGE TN

TITLE D ☐ DELETE

NAME CUTLER, RICHARD J.  
STREET ADDRESS 190 FEN WAY  
CITY-ST-ZIP SYOSSET NY

TITLE S ☐ DELETE

NAME GREEN, STEPHEN  
STREET ADDRESS 1588 UNION AVENUE  
CITY-ST-ZIP HEWLETT NY

TITLE P ☐ DELETE

NAME BOYETT, OTTO  
STREET ADDRESS 5234 RIVERPARK VILLA  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE V ☐ DELETE

NAME LEVINE, ROBERT B.  
STREET ADDRESS 124 S. MARION PL  
CITY-ST-ZIP ROCKVILLE CENTRE NY

TITLE V ☐ DELETE

NAME LUTES, BILLY L  
STREET ADDRESS 534 GLACIER TRAIL  
CITY-ST-ZIP ROSELLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 (10/97)