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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P34654 (4)

1. Corporation Name
ARCHITECTURAL STONE IMPORTS, INC.



Principal Place of Business: 3825 LORNA ROAD SUITE 212 BIRMINGHAM AL 35244 US
Mailing Address: 3825 LORNA ROAD SUITE 212 BIRMINGHAM AL 35244-1033 US

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 09/30/1996
4. FEI Number: 63-1033563
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
HARRISON, THOMAS W.
1206 MANATEE AVENUE, WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PCD	<input type="checkbox"/>
NAME	DELOACH, JAMES	
STREET ADDRESS	40 THE OAKS CIR	
CITY - ST - ZIP	BIRMINGHAM AL 35244	
TITLE	STD	<input type="checkbox"/>
NAME	DELOACH, DOROTHY B.	
STREET ADDRESS	40 THE OAKS CIR	
CITY - ST - ZIP	BIRMINGHAM AL 35244	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	PCD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	DeLoach, James		
13 STREET ADDRESS	1644 Kahatchee Loop		
14 CITY - ST - ZIP	Childersburg, AL 35044		
21 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	DeLoach, Dorothy B.		
23 STREET ADDRESS	1644 Kahatchee Loop		
24 CITY - ST - ZIP	Childersburg, AL 35044		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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: Dorothy B. DeLoach STD 01/14/97 (205)988-3722
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)