

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P38205** (1)
1. Corporation Name
ARCHITECTURAL SURFACES, INC.

APPROVED AND FILED
95 MAR 25 PM 2:59
SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 690661 P.O. BOX 690661
HOUSTON TX 77289 HOUSTON TX 77289

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/07/1992	03/15/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		76-0202181	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BREESE, TERRI 3808 SW REILLY ST., PALM CITY FL 33490				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CST	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAGIN, JOYCE	1.2 NAME			
STREET ADDRESS	1106 TWIN OAKS	1.3 STREET ADDRESS			
CITY-ST-ZIP	FRIENDSWOOD TX	1.4 CITY-ST-ZIP			
TITLE	VCP	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAGIN, MICHAEL	2.2 NAME			
STREET ADDRESS	1106 TWIN OAKS	2.3 STREET ADDRESS			
CITY-ST-ZIP	FRIENDSWOOD TX	2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Cragin MICHAEL CRAGIN V.P. 3/14/95 713 996 0344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #