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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name P38205 (1)

ARCHITECTURAL SURFACES, INC.					
Principal Place of	of Business	Mading Address		# \$201000 1983 (110) 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110 10110	isti Alfil bilit delit dibit bidit bidit 1981
P.O. BOX 890861 HOUSTON TX 77289		P.O. BOX 890861 HOUSTON TX 77289			
HOOSTON 1/	17200			3. Date Incorporated or Qualified 04/07/1992	3a. Date of Last Report 03/22/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		76-0202181	Not Applicable
Suite. Apt. #	, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oity & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution 8. This corporation has liability for in:	Added to Lees
Zip	Country	Zip	Country 30		Angine tax tinder \$ 199.002,
24	25 9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	
	G. TELLIO GITO TIGOTOGO GITOGO		81 Name		
RRFFSF	TERRI		82 Street Add	Iress (P.O. Box Number is Not Acceptable)
Breese, Terri 3808 SW Reilly St.,					
PALM C	CITY FL 33490		83		
			84 City		FL 85 Zip Code
SIGNATURE _	Signature types, or pintled halos of registered a	ngertand Studies and CS	DIE Rigidered Agent signal de het er		DATE 2F RS AND DISECTORS IN 12
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
12. TITLE	CST	epertand technique and AND DIRECTORS DELETE			DERS AND DIRECTORS IN 12
12.	CST CRAGIN, JOYCE	AND DIRECTORS	13.		DERS AND DIRECTORS IN 12
TITLE NAME	CST	ANJ BIRECTORS DELETE	13. . 1 1 TITLE . 1 2 NAME		CERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	CST CRAGIN, JOYCE 1106 TWIN OAKS FRIENDSWOOD TX VCP	AND DIRECTORS	13. 1 1 TIPLE 1 2 NAME 1 3 STREE* ADDRESS 1 4 City - \$1 7 TIP 2 1 TILE		DERS AND DIRECTORS IN 12
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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 it 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: MICHARIC RAGIN M. CHARLES OF SIGNING OFFICER OF DIRECTOR

4/24/96 113 9966344

CR2E034 (12/95)