SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1. Corporation I	IENT # P930(AL SURFACES, INC.)0002795) (1)						
Principal Place	Principal Place of Business Mailing Address					T IBENIESN NIG ISNOS NINN SENN SONA SN	HTL BUILL BUILD (1)	ULL T u urd 1818 61	JE TEBE
3528 NORTHWEST 95TH TERRACE SUNRISE FL 33351			3528 NORTHWEST 95TH TERRACE SUNRISE FL 33351			Date Incorporated or Qualified 3a. Date of Last Report			
						01/08/1993	04/1	9/1995	
2. Principal Pla	ice of Business	2a. Mailing Ad	dress			4. FEI Number		Applie	
1		26				65-0384025		\$8.75 Add	oplicable itional
Suite, Apt. #	, etc	Suite, Apt.	#, etc			5. Certificate of Status Desired		Fee Requi	
2		27				2 State Compains Expansion		\$5.00 Ma	v Re
City & State		City & Stat	e			Election Campaign Financing Trust Fund Contribution		Added to F	
23	Country	28 Zip		Countr	У	8. This corporation has liability for	intangible tax	cunders 19	9.032,
Zip	25	29	30	5		Florida Statutes	Yes	No	
24	9. Name and Address of Curr		it	8	Name	10. Name and Address of New Re	gistered Age	ent	
11. Pursuant t	o the provisions of Sections 607.0	0502 and 607, 1508. Flo	orida Statutes,	-	4 City	poration submits this statement for the plants board of directors. I hereby accept	FL I	85 Zip Coo anging its reg ment as regi	
OLONIATURE	egistered agent, or both, in the Standard agent with, and accept the ob-					ared when reinstating)	CIALL		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND L	Onange	Addition
TITLE	D		DELETE	11300	ē ļ		<u></u>	T Cuande L	T Magnessi
NAME	BLEDOEG, HUGO			1.2 NAM	I .				
STREET ADDRESS				. 13 STREET ADDRESS					
CITY-ST-ZIP	SUNRISE FL 33351			1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition
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STREET ADDRESS					Y - ST-ZIP				
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NAME					EFT ADDRESS				
STREET ADDRESS				1	Y - ST - ZIP				
CITY-ST-ZIP TITLE			DELETÉ	4 1 311			<u> </u>	_ Change _	Addition
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STREET ADDRESS				4 3 STF	REET ADDRESS				
CITY - ST - ZIP				4 4 CII	Y ST-ZIP			I Charact	Additio
TITLE			DELETE	5111	LE	6000018	8111 ⁴] Change [
NAME				5 2 NA	ME	6:000016: -07/02/9601	01501	2	
F	1			I					

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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. 6 4 CITY - ST - ZIP

61 TITLE

6 2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change Addition

***225.00