

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000050502 (1)**

1. Corporation Name

ARCHITECTURAL PANEL PRODUCTS, INC.



Principal Place of Business

Meeting Place

**3000 JASMINE COURT
DELRAY BEACH FL 33483**

**3000 JASMINE COURT
DELRAY BEACH FL 33483**

2. Principal Place of Business

21 **1865 S.W. 4 AVE. D-1**

2a. Meeting Address

26 **SAME**

22 **BUILDING D-1**

27 City & State

23 **DELRAY BEACH, FLA.**

28 Zip

24 **33444** 25 **U.S.A.**

29 Country

9. Name and Address of Current Registered Agent

**DARR, ROBERT
3000 JASMINE COURT
DELRAY BEACH FL 33483**

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83 City

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Section 607.07(3)(a), Florida Statutes, the above named corporation's agents 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. Thereby, accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.07(3)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DARR, ROBERT	
STREET ADDRESS	3000 JASMINE COURT	
CITY, ST, ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFER, GERLINDE	
STREET ADDRESS	3000 JASMINE COURT	
CITY, ST, ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information furnished with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information furnished on this form is true and correct to the best of my knowledge and belief, 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, the person or persons authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41-96

407-265-0707

CR2E034 (12/95)