FILE NOW: FILING F		ING FEE AFTE	AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sendra B. Mortham Secretary of State Division OF CORPORATIONS		FILED Jan 15 1997 8:00am Secretary of State	
	ANNUAL REPORT					
DOCUN 1. Corporation CONTIN	MENT # P ENTAL TRIM CO	94000074 MPANY, INC	813 (4)			
Principal Place of Business Mailing Address						
21895 LAKE FOREST CIRCLE #102 21895 LAKE FOREST CIRCLE #102 BOCA RATON FL 33433 BOCA RATON FL 33433-3352					3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	28.	Mailing Address		4. FEt Number	05/01/1996
21 Suite, Apt. 4		26	Suite, Apt. #, etc.		65-0527977	Not Applicable
22		27			5. Certificate of Status Desired	Fee Required
City & State 23)	28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	25	try 29	Ζір	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Addr	ress of Current Registe		81 Name	10. Name and Address of New Re	
JEFFREY LEVINE PA INBITURE 900 N FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable)						
BOC	CA RATON FL 3343	2		83		
				84 City	······	85 Zip Code
11. Pursuant t	to the provisions of Sci	ctions 607 0502 and 60	7.1508 Florida Statute	es, the above-named cor	poration submits this statement for the	purpose of changing its registered
agent. Lar	egistered agent, or bo m familiar with, and ac	In, in the Stale of Florida cept the obligations of,	3 Such change was a Section 607 0605, Flo	authorized by the corpora prida Statutes.	ition's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE		re of registered agent and the r		Registered Agent signature requ		DAYE
12. TIRE	D	OFFICERS AND DIREC	TORS	13. 1 1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	KUNA, STAN			1.2 NAME		よ しょうしょう ストレート スート
STHEET ADDRESS City-St-7/P	21895 LAKE FOR BOCA RATON FL	EST CIRCLE #102		1.3 STREET ADDRESS		Change Addition
TITLE	DUCKINICITIE		DELETE	1.4 CITY - ST - ZIP 2.1 T(TLE	······································	Change Addition
NAME				2.2 NAME		
STREET ADDRESS CITY-ST-ZIP				2 3 STREET ADDRESS 2 4 CHTY-ST-ZIP	2.17e	
TITLE			DELETE	3.1 THLE	<u></u>	Change Addition
NAME STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4 CITY- ST- ZIP		
TITLE			DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS		
CITY - ST-ZIP				44 CITY-ST-ZIP	20000	2059822
TITLE			DELETE	5 1 TITLE	-01/16/9	2059822 010 45^{char}0 01 Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS	***165.00	1
STREET ADURESS CITY- ST- ZIP				5 4 CITY - ST - ZIP		
TITLE			DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS				6.2 NAME 6.3 STREET ADDRESS		115-91
CITY - ST - ZIF				6.4 CITY - ST - ZIP		0 OF
14. I do hereb informatio	by certify that the inform mindicated on this am	mation supplied with thi nual popular or suppleme	s filing does not qualit ntal primual report is t		d in Section 119.07(3)(i), Florida Statute at my signature shall have the same leg	es. I further certify that the al effect as if made under oath; that
14. I do hereby certify that the information prophed 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 opert or supplemental period period 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 comparison or the receivery instead empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block, 12 or Block, 13 yr anged, or on an attachment with an address.						
SIGNATURE: VIIII TAIN & KUNA STAN 01/05/1997 (561) 347-2044						
	SIGNATU	HE AND TYPED OR PRINTED N	AME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytime Phone #