

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000009312 (5)**

1. Corporation Name  
**TSL FRAMING, INC.**

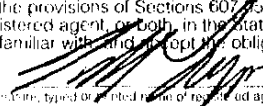


Principal Place of Business <b>11077 BISCAYNE BLVD PH MIAMI FL 33161</b>	Mailing Address <b>11077 BISCAYNE BLVD PH MIAMI FL 33161-7406</b>
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2. Principal Place of Business 21 <b>1928 NE 151st Street</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1928 NE 151st Street</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>01/30/1996</b>	3a. Date of Last Report
22 City & State 23 <b>North Miami, FL</b>		27 City & State 28 <b>North Miami, FL</b>		4. FEI Number <b>65-0636623</b>	Applied For Not Applicable
24 <b>33162</b>		25 <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29 <b>33162</b>		30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>ROTHSTEIN, LAZARUS 11077 BISCAYNE BLVD PH MIAMI FL 33161</b>		10. Name and Address of New Registered Agent 81 Name <b>Todd S. Lynn</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1928 NE 151st Street</b> 83 84 City <b>North Miami</b> FL 85 Zip Code <b>33162</b>	
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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: **4/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LYNN, TODD S</b>	1.2 NAME	
STREET ADDRESS	<b>11077 BISCAYNE BLVD PH</b>	1.3 STREET ADDRESS	<b>1928 NE 151st Street</b>
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	1.4 CITY-ST-ZIP	<b>North Miami, FL 33162</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **4/15/97** 305 949222 Daytime Phone #

CR2E034 (9/96)