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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V56784 (4)
1. Corporation Name
FINISHING TOUCH BUILDERS SUPPLY, INC.



Principal Place of Business: 3031 FORTUNE WAY A-17 WEST PALM BEACH FL 33414 US
Mailing Address: 3031 FORTUNE WAY A-17 WEST PALM BEACH FL 33414-87 US

3. Date Incorporated or Qualified: 08/05/1992
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, Apt #, etc., City & State, Zip, and Country.

4. FEI Number: 65-0351059
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: WEINBERG, STEVEN A. 8000 PETERS ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent (Name, Street Address, City, State, Zip Code)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Table with 12 rows for Officers and Directors. Columns include Title, Name, Street Address, City-St-Zip, and a DELETED checkbox.

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Columns include Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes.

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: Cathy Poling, Cathy Poling President 4/24/97 791-9922

CR2E034 (9/96)