

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 212220 (8)
1. Corporation Name
CUSTOMCRAFT MARBLE & STONE CO., INC.

Principal Place of Business

Mailing Address

4450 SEABOARD RD
ORLANDO FL 32808

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ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1958

4. FEI Number

59-0836534

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, RONALD, BAKER RUSSO, ALLEN, BAKE
4875 PONCE DE LEON BLVD., SUITE #301
CORAL GABLES FL 33148-9101

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TRAINA, GERLANDO
STREET ADDRESS 5424 N W 94TH DORAL PLACE
CITY-ST-ZIP MIAMI, FL 00000 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME DI BLASI, JOSEPH
STREET ADDRESS 14141 KENDALE LAKES BLVD
CITY-ST-ZIP MIAMI, FL 00000 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

DI BLASI, JOSEPH
1212 KENTSHIRE COURT
HEATHROW, FL 32746

TITLE STD
NAME DEMPSEY, MARIE T.
STREET ADDRESS 1134 SHADY LN DR
CITY-ST-ZIP ORLANDO FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME DEMPSEY, DAVID
STREET ADDRESS 1134 SHADY LN DR
CITY-ST-ZIP ORLANDO FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME SCHULTE, DANIEL
STREET ADDRESS 520 MONTCLAIRE DRIVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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: Marie T. Dempsey (Marie T. Dempsey) 4-20-98 407-290-5383

CR2E034 (10/97)