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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 479066

(3)

CENTURY TILE AND MARBLE, INC.

## FILED Apr 03 1997 8:00am Secretary of State

| Principal Place of Business 6701 N POWERLINE RD FT LAUDERDALE FL 33309  | Mailing Address<br>6701 N POWERLINE RD<br>FT LAUDERDALE FL 33309-2153                                     |   |  |   |
|---|---|---|--|---|
|   |   |   | 3. Date Incorporated or Qualifie 07/01/1975                                      | ed 3a. Date of Last Report 04/11/1996                                     |
| 2. Principal Place of Business  | 2a. Mailing Address   | 1177  | 4. FEI Number  | Applied For   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |   | 59-1609434   | Not Applicable  \$8.75 Additional   |
| 22  | 27  |   | 5. Certificate of Status Desired   | Fee Required  |
| City & State  | City & State  |   | 6. Election Campaign Financing   |   |
| 23 County   | 28  | Country   | Trust Fund Contribution  | Added to Fees   |
| Zip         Country           24         25   | Zip<br><b>29</b>  | 30  | This corporation has liability     Florida Statutes                              | for intangible tax under s. 199.032,                                      |
| 9. Name and Address of Ci   |   |   | 10. Name and Address of New  |   |
| DI SORBO, MARIO   |   | 81 Name   |  |   |
| 6701 N POWERLINE RD   |   | 82 Street Add   | dress (P.O. Box Number is Not Accep  | otable)   |
| FT LAUDERDALE FL 33309  |   | 83  | ·  |   |
|   |   | 63  |  |   |
|   |   | 84 City   |  | FL 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the agent I am familiar with, and accept the | 7.0502 and 607.1508, Florida Stat<br>State of Florida, Such change was<br>philoations of Section 607.0505 | utes, the above-named co<br>s authorized by the corpora<br>Florida Statutes | rporation submits this statement for the ation's board of directors. I hereby ac | ne purpose of changing its registered coept the appointment as registered |
| SIGNATURE   | obligations of position so necessity  |   |  |   |
| Signatore, typical or printed name of register  |   | OTE. Registered Agent signature req   |  | DATE  |
| 12. OFFICERS  | S AND DIRECTORS  DELETE   | 13.   | ADDITIONS/CHANGES TO OF  | FICERS AND DIRECTORS IN 12  Change Addition                               |
| NAME DISORBO, MARIO   |   | 1.2 NAME  |  | band State 9  |
| STREET ADDRESS 5340 SW 20TH STREET  |   | 1.3 STREET ADDRESS  |  |   |
| CITY-ST-ZiP PLANTATION, FL 00000  |   | 1.4 Dity-St-ZIP   |  |   |
| TITLE TD  | DELETE  | 21 TITLE  |  | Change Addition   |
| NAME DISORBO, SHEILA STREET ADDRESS 5340 SW 20TH STREET   |   | 22 NAME   |  |   |
| CITY - SI - ZIP PLANTATION, FL 00000  |   | 2.3 STREET ADDRESS :  |  |   |
| THE   | ☐ DELETE  | 3.1 TITLE   |  | ☐ Change ☐ Addition   |
| NAME  |   | 3.2 NAME  |  |   |
| STREET ALIDRESS   |   | 3 3 STREET ADDRESS  |  |   |
| CITY-ST-ZIF   | DOLETE  | 3.4. CITY-ST-ZIP  |  | Change Addition   |
| TITLE   | ☐ DELETE  | 4.1 TITLE<br>4.2 NAME   |  | 广i eusuðs ⊢i ∀aamau   |
| NAME<br>STREET ADDRESS  |   | 4.3 STREET ADDRESS  |  |   |
| CHY-S1-ZIP  |   | 4.4 CITY-ST-ZIP   |  |   |
| TITLE   | DELETE  | \$1 TITLE   |  | Change Addition   |
| NAME  |   | 52 NAME   |  |   |
| STREET ADDRESS  |   | 5.3 STREET ADDRESS  |  |   |
| CITY - \$1 - 740  | ☐ DELETE  | 5.4 CITY-ST-ZIP   |  | ☐ Change ☐ Addition   |
| TITLE<br>NAME   | ☐ UELETE  | 6.1 TITLE<br>6.2 NAME   |  | Cisada Ci yaqilar   |
| STREET ADDRESS  |   | 6.3 STREET ADDRESS  |  |   |
| CHY-SL-7P   |   | 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.

D150880

**SIGNATURE** 

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-97

954-973-/020 Daytimo Phone R