

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J08532 (0)
1. Corporation Name
SUPREME TILE AND MARBLE INSTALLATIONS, INC.



Principal Place of Business: **596 WINDING WILLOW DR, PALM HARBOR FL 34682**
Mailing Address: **596 WINDING WILLOW DR, PALM HARBOR FL 34682, US**

2. Principal Place of Business		2a. Mailing Address	
21	29656 US 19 N #204	26	29656 US 19 N #204
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Clearwater FL	28	Clearwater FL
Zip	Country	Zip	Country
24	34621 Pinellas	29	34621 Pinellas

3. Date Incorporated or Qualified	3a. Date of Last Report
04/10/1986	03/02/1995
4. FEI Number	Applied For
59-2672558	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BOTELHO GEORGE 596 WINDING WILLOW DR PALM HARBOR FL 34682				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 _____ DATE _____
Signature typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when name of firm)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOTELHO, GEORGE		2. NAME		
STREET ADDRESS	596 WINDING WILLOW DR.		13. STREET ADDRESS		
CITY- ST- ZIP	PALM HARBOR FL		14. CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOTELHO, MICHELLE		22. NAME		
STREET ADDRESS	596 WINDING WILLOW DR.		23. STREET ADDRESS		
CITY- ST- ZIP	PALM HARBOR FL		24. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY- ST- ZIP			34. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY- ST- ZIP			44. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY- ST- ZIP			54. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY- ST- ZIP			64. CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *George A. Botelho*, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)786-7901
Display Phone #

CR2E034 (12/95)