

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M61168 (4)

1. Corporation Name

TERRAZZO & MARBLE SUPPLY CO. OF FLORIDA

Principal Place of Business

33920 U.S. HIGHWAY 19 NORTH
SUITE 280
PALM HARBOR FL 34684

Mailing Address

33920 U.S. HIGHWAY 19 NORTH
SUITE 280
PALM HARBOR FL 34684



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

MURPHY, LESTER
33920 U.S. HIGHWAY 19 NORTH
SUITE 280
PALM HARBOR FL 34684

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/21/1987

3a. Date of Last Report

04/18/1995

4. FID Number

65-0014158

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. 193.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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, if not applicable

Printed Name of Agent registered agent, if not applicable

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
ROTONDO, JOEL
5700 SOUTH HAMILTON AVE
CHICAGO IL
~~SDT~~
~~NEITLICH, JOSEPH~~
~~5700 SOUTH HAMILTON AVE~~
~~CHICAGO IL~~
D
ROTONDO, JOSEPHINE
5700 SOUTH HAMILTON AVE
CHICAGO IL

☐ DELETE

☒ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY-STATE-ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY-STATE-ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY-STATE-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

☐ Change ☐ Addition

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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)(a), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 (312) 471-0700

CR2E034 (12/95)