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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90067 005 ***150.00

1. Corporation	MENT # M8869° CERAMIC TILE, INC.	1				
Principal Place 7208 ALOMA AV		Mailing Address 7208 ALOMA AVE #100				
WINTER PARK FL 32792 WINTER PARK FL 32792					DO NOT WRITE IN THIS	SPACE
US		US			3. Date Incorporated or Qualifed 06/27/1988	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-2897495	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		A Florito Compine Figureine 7	
— ·	6	 			6. Election Campaign Financing Trust Fund Contribution	- \$5:00 May Be Added to Fees
Zip	Country	Zip	Count		This corporation owes the current year Interest.	
24	25	29	30	•	Personal Property Tax.	☐Yes ☐No
241	9. Name and Address of Currer		[00]		10. Name and Address of New Registered	Agent
KATZ, NORBERTO S. 2211 E MICHIGAN ST ORLANDO FL 32806					lress (P.O. Box Number is Not Acceptable)	
ONL	ANDU FL 32000		8	3		
			8	4 City	FL	85 Zip Code -
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized b	y the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing its registered intract as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Ag	ent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	DEL TEDESCO, ALDO J.		1.2 NAME	<u> </u>		
STREET ADDRESS	626 S. ECONOLOKHATCHEE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-			
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY			Change
TITLE		☐ DELETÉ	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE 3.4. CITY	ET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	1		_ , _
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	!		
TITLE		☐ DELETE	5.1 TITLE		LAL H. C.	☐ Change ☐ Addition
NAME			5.2 NAME	:		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	:		}
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 281-7439 Date Davime Phone # CR2E034 (11/9