

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90033 006 \*\*\*150.00

0503125

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000009523**

1. Corporation Name  
**DECO MARBLE & GRANITE, INC.**



Principal Place of Business  
**757 WESLEY AVE.  
 TARPON SPRINGS FL 34689  
 US**

Mailing Address  
**757 WESLEY AVE.  
 TARPON SPRINGS FL 34689  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 [ ]  
 Suite, Apt. #, etc.  
 22 [ ]  
 City & State  
 23 [ ]  
 Zip Country  
 24 [ ] 25 [ ]

2a. Mailing Address  
 26 [ ]  
 Suite, Apt. #, etc.  
 27 [ ]  
 City & State  
 28 [ ]  
 Zip Country  
 29 [ ] 30 [ ]

3. Date Incorporated or Qualified  
**01/30/1996**

4. FEI Number  
**59-3391111**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**RAKIC, CHRIS  
 1321 HILLSIDE DR.  
 TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent  
 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 607.0505 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAKIC, KRESO</b>	1.2 NAME
STREET ADDRESS	<b>1321 HILLSIDE DR.</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	1.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAKIC, A C</b>	2.2 NAME
STREET ADDRESS	<b>1321 HILLSIDE DR.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	2.4 CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAKIC, ALIZA</b>	3.2 NAME
STREET ADDRESS	<b>1321 HILLSIDE DR</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET 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, only on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* Date: **4-23-99** Daytime Phone #: **727 938-6150**

CR2E034 (1/98)