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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000019913

1. Corporation Name
UNITED STONE AND MARBLE CORP.

Principal Place of Business
3121 SE WAALER ST.
STUART FL 34997

Mailing Address
3121 SE WAALER ST.
STUART FL 34997



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/01/1996

4. FEI Number
65-0646964

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPUTO, THERESA
3121 SE WAALER ST.
STUART FL 34997

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME CAPUTO, THERESA
STREET ADDRESS 7423 SE JAMESTOWN TERRACE
CITY-ST-ZIP HOBE SOUND FL 33455

1.1 TITLE Change Addition
1.2 NAME CAPUTO THERESA
1.3 STREET ADDRESS 5681 Winged Foot Dr
1.4 CITY-ST-ZIP STUART FL 34997

TITLE VP DELETE
NAME CAPUTO, NICHOLAS
STREET ADDRESS 7423 SE JAMESTOWN TERRACE
CITY-ST-ZIP HOBE SOUND FL 33455

2.1 TITLE Change Addition
2.2 NAME CAPUTO NICHOLAS
2.3 STREET ADDRESS 5681 Winged Foot Dr
2.4 CITY-ST-ZIP STUART FL 34997

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)