

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

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Jun 04 1998 8:00am  
Secretary of State

PROPERTY  
CORPORATION  
ANNUAL REPORT

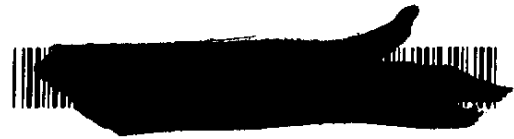


FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

~~1997~~ 1998

DOCUMENT # P96000039879 (7)

WILLIE POINTER TILE, INC.



Principal Place of Business

Mailing Address

4214 DESOTO AVE #38  
FT MYERS FL 33905

4214 DESOTO AVE #38  
FT MYERS FL 33905-3802

21	26
22	27
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24	29
25	30

3. Date of Incorporation or Dissolution	3a. Date of Last Report
05/06/1996	
4. FEI Number	Apply if Not Applicable
65-0673432	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CARBIENER, CHARLES F JR  
5245 BIG PINE WAY, SUITE 103  
FT MYERS FL 33907

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 a registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Name of Registered Agent

Name of Registered Agent

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	<input type="checkbox"/> DELETE	13.1	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	POINTER, WILLIE G	13.2	NAME
STREET ADDRESS	4214 DESOTO AVE #38	13.3	STREET ADDRESS
CITY, ST, ZIP	FT MYERS FL 33905	13.4	CITY, ST, ZIP
12.2	<input type="checkbox"/> DELETE	13.5	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.6	NAME
STREET ADDRESS		13.7	STREET ADDRESS
CITY, ST, ZIP		13.8	CITY, ST, ZIP
12.3	<input type="checkbox"/> DELETE	13.9	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.10	NAME
STREET ADDRESS		13.11	STREET ADDRESS
CITY, ST, ZIP		13.12	CITY, ST, ZIP
12.4	<input type="checkbox"/> DELETE	13.13	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.14	NAME
STREET ADDRESS		13.15	STREET ADDRESS
CITY, ST, ZIP		13.16	CITY, ST, ZIP
12.5	<input type="checkbox"/> DELETE	13.17	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		13.18	NAME
STREET ADDRESS		13.19	STREET ADDRESS
CITY, ST, ZIP		13.20	CITY, ST, ZIP

700002552217  
-06/09/98-01016-023  
\*\*\*150.00

JK

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the registered agent named herein is qualified to act as such agent in the State of Florida. 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.