

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90109 046 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000027313**

1. Corporation Name  
**CASTLE ROCK MARBLE & GRANITE CORPORATION**



Principal Place of Business Mailing Address  
 15530 W. DIXIE HWY. 15530 W. DIXIE HWY.  
 N. MIAMI FL 33162 N. MIAMI FL 33162

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**03/24/1998**  
 4. FEI Number  Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required  
 6. Election Campaign Financing  **\$5.00** May Be  
 Trust Fund Contribution Added to Fees  
 8. This corporation owes the current year Intangible  
 Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BARTHE, FREDERIC M**  
**888 SE 3RD AVE., SUITE 400**  
**FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent  
 81 Name **PATRICK VIVIES**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**TOD E. DANIA BEACH BLVD**  
 83 **SUITE 202**  
 84 City **DANIA** FL 85 Zip Code **33004**

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 **PATRICK VIVIES** DATE **4/19/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	
NAME	<b>TIZZONI, SALVATORE</b>	
STREET ADDRESS	<b>15530 W. DIXIE HWY.</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33162</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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; that I am 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 REQUIRED** **SALVATORE TIZZONI** DATE **APR 19 99** DAYTIME PHONE # **305 956-3636**  
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)