


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>																									
DOCUMENT # V31976 (6) 1. Corporation Name ANDY'S MASONRY & TILE, INC.																											
Principal Place of Business 1200 DUVAL STREET KEY WEST FL 33040		Mailing Address 1200 DUVAL STREET KEY WEST FL 33040																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																									
3. Date Incorporated or Qualified 04/28/1992		3a. Date of Last Report 07/13/1995																									
4. FEI Number 65-0332236		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																											
9. Name and Address of Current Registered Agent BURGOINE, ANDREW 1620 ROSE STREET KEY WEST FL 33040		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 607.0502 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 Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when re-registering) DATE																											
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P BURGOINE, ANDREW J</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>1620 ROSE STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>KEY WEST FL 33040</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P BURGOINE, ANDREW J	<input type="checkbox"/> DELETE	NAME	1620 ROSE STREET		STREET ADDRESS	KEY WEST FL 33040		CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11 TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>14 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME			13 STREET ADDRESS			14 CITY - ST - ZIP		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.																											
SIGNATURE: A. J. Burgoine SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											



CR2E034/2/95