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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

150953

A.C. TILE CO.

Principal Place of Business

Mailing Address

4000 NW 2 AVENUE MIAMI, FL 33127

FILED 99 K/R - 4 PM 12: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							1/1/47				
2. Principal Place of Business 2a. Mailing a			Mailing Address	iling Address			4. FEI Number	, i]	Applied For		
			Í				59-0564134	[]	Not Applicable		
Suite, A	Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired [•	\$8.75 Additional Fee Required		
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country Zip 29 30			Cou	intry		This corporation owes the current ye Personal Property Tax	[INo			
	9. Name and Address of Cu	rrent Regis	tered Agent				10. Name and Address of New Regist	ered Agent			
CASERTA, ROGER 201 NW 40 STREET MIAMI, FL 33127					81 82 83	82 Street Address (P.O. Box Number is Not Acceptable)					
					84	City		FL 85 2	ip Code		
office	ant to the provisions of Sections 607 or registered agent, or both, in the Stam familiar with, and accept the ob	ate of Floric	la. Such change was	s authorized	l by	the corporati	poration submits this statement for the purpo- ion's board of directors. I hereby accept the	ose of changing appointment as	its registered s registered		
SIGNATUR											
	Signature, typed or printed name of registered	~		DTE Registered	Agen	Ls griature require	ed when reinstalling) DA	18			
12.	OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGE'S TO OFFICERS AND DIRECTORS IN 12				

agonic terminal that, and cooper the congenions of, economic or, cooper to the congenions of											
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when revisibility) DATE											
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	RS IN 12					
TITLE	PRESIDENT	[] DELETE	11 THLE		[_] Change	[] Addition					
NAME	CASERTA, ROGER		1.2 NAME	100002800	651-	~ · · · · · · · · ·					
STREET ADDRESS	11156 ORANGE BLOSSO	M LN.	1.3 STREET ADDRESS	-03/10/33~~0	105600	ו בכ					
CMY-ST-ZIP	BOCA RATON, FL 334		1.4 CITY-ST-ZIP	****150.00	*****15(0.00					
TTILE		☐ DELETE	21 TITLE		Change	Addition					
NAME			2.2 NAME								
STREET ADDRESS			23 STREET ADDRESS								
CITY-ST-ZIP			2 4 CITY-ST-ZIP								
TITLE		[] DELETÉ	3 1 111115	- 	[] Change	[]Adoton					
NAME			3.2 NAME			ļ					
STREET ADDRESS			33 STREET ADDRESS								
CITY-ST-ZIP			34. City-St-ZiP								
TITLE		[]] DELETE	4.1 TITLE		[] Change	[] Addition					
NAME			4 2 NAME								
STREET ADDRESS			4 3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY+ST-ZIP			!					
TITLE		[DELETE	5111ILE 1		[Change	[] Addition [
NAME .			5.2 NAME								
STREET ADDRESS			5 3 STREET ADDRESS								
CITY-ST-ZIP			54 CITY-S1-ZIP								
TITLE		[]] DELETE	6 1 TIT, F		[Change	[[Addition]					
NAME			6.2 NAME			.)					
STREET ADDRESS			€3 STREET ADDRESS		Λ	I = I					

14. Thereby certify that the information supplied with this file globes got qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the information control indicated on this annual report or supplemental annual report is give and accurate and that my signature shall have the same legal effect as if made under ooth, that I am an officer or director of the corporation or the receiver of trustee appears in Block 12 or Block 13 if changed, or on an attachment with an oddress, with all other like empowered.

SIGNATURE:

X

305 -5 76 99

SIGNATURE:X

305-576-0944