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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

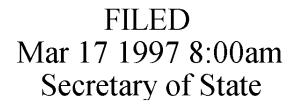
Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

TAMPA TILE CENTER, INC.



Principal Place c	or Business	Mailing Address				
2910 W COLUMB TAMPA FL 33607		2910 W COLUMB Tampa FL 33607-				
					3. Date Incorporated or Qualified 10/06/1953	3a. Date of Last Report 04/18/1996
Principal Plac	e of Business	2a. Mailing Addre	2a. Mailing Address		4. FEI Number	Applied For
n]		26	26		59-0701781 Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State	F-7 ' ·		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip 29	29 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent
DIFABRIZIO, ERNEST				81 Name		
2910 W COLUMBUS DR TAMPA FL 33607			82 Street Addre		ess (P.O. Box Number is Not Acceptable)	
				83	The second secon	WANTED THE WANTED THE PARTY OF
				84 City		FL 85 Zip Code
 Pursuant to to office or region 	the provisions of Sections 607 istered agent, or both, in the S	.0502 and 607.1508, Florid Itate of Florida. Such chanc	a Statutes, the a lic was authorize	bove-named co	orporation submits this statement for the paration's board of directors. Thereby accept	urpose of changing its registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change 1111111 **DIFABRIZIO, ERNEST** NAME 1.2 NAME 2910 W COLUMBUS DRIVE STREET ADDRESS 13 STREET ADDRESS TAMPA FL CITY-ST-ZIP 14 CITY - ST - Z/P DETETE TITLE 21 11111 Change Addition DIFABRIZIO, GERALD NAME 2.2 NAME 2910 W COLUMBUS DRIVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 11116 DIFABRIZIO, CAROLYN NAME 3.2 NAME 2910 W COLUMBUS DRIVE STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL City-St-ZiP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 THEE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE TITLE Change Addition 6.1 THE NAME 62 NAME STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. 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.

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