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PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

ION OF CORPORATIONS

FILED Feb 24 1998 8:00am Secretary of State

TAMPA TILE CENTER, INC. Principal Place of Business Mailing Address 2910 W COLUMBUS DR 2910 W COLUMBUS DR TAMPA FL 33607 TAMPA FL 33607 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1953 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-0701781 Not Applicable 26 Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & Stato City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes □ No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DIFABRIZIO.ERNEST 2910 W COLUMBUS DR Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33607** 84 City 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 Rorida 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** Stunature, typed or probed range of majestered agent and little if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE Change ___ Addition DIFABRIZIO, ERNEST NAME 2910 W COLUMBUS DRIVE STREET ADORESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE 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-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE DIFABRIZIO, CAROLYN NAME 3.2 NAME 2910 W COLUMBUS DRIVE STREET ADDRESS 3 3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Channe Addition TITLE 4 1 TIBLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY - ST - ZIP 54 CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of charged, or on an attactorient with an address.

SIGNATURE:

it With.

Piece

2/20/98 813-811-5386

2E034 (10/97)