

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

**FILED**  
**Jun 13 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morfham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 180050 (7)**  
 1. Corporation Name  
**TROPICAL TILES, INC.**



Principal Place of Business  
**5610 EDGEWATER DRIVE ORLANDO FL 32810**

Mailing Address  
**5610 EDGEWATER DRIVE ORLANDO FL 32810-5267**

3. Date Incorporated or Qualified  
**08/12/1954**

3a. Date of Last Report  
**08/06/1996**

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

4. FEI Number  
**59-0719650**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CORRY, W H**  
**1825 LOCH BERRY RD**  
**WINTER PARK FL 32789**

81 Name **RICHARD H. Corry**  
 82 Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER DR**  
~~10 MANOR LANE 5610~~  
 83 **ORLANDO FL 32810**  
 84 City **BRIDGETON NJ** 85 Zip Code **08302**

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 *Richard H. Corry* **RICHARD H. CORRY** **4/25/97**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CORRY, W H</b>	
STREET ADDRESS	<b>1825 LOCH BERRY RD.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>VO</b>	<input type="checkbox"/> DELETE
NAME	<b>CORRY, RICHARD H</b>	
STREET ADDRESS	<b>10 MANOR LANE</b>	
CITY-ST-ZIP	<b>BRIDGETON NJ</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CORRY, CATHERINE T</b>	
STREET ADDRESS	<b>1825 LOCH BERRY RD.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Delete</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RICHARD H CORRY</b>
2.3 STREET ADDRESS	<b>5610 EDGEWATER DR</b>
2.4 CITY-ST-ZIP	<b>ORLANDO FL 32810-5267</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DELETE</b>
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 do 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 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.

SIGNATURE: *Richard H. Corry* **RICHARD H. CORRY** **4/25/97** **185-0771**

CR2E034 (9/96)