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PROFIT CORPORATION ANNUAL REPORT

1996



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

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		OCUMENT	#	262945

GIRON	MENT # 26294 IE TILE AND FLOORS, INC	(-))	
Principal Place	e of Business	Mailing Address			
1302 E BUSC TAMPA FL 30	CH BLVD	1302 E BUSCH BLVD TAMPA FL 33612			
				3. Date Incorporated or Qualified 09/24/1962	3a. Date of Last Report 04/21/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-0977083	Not Applicable \$8.75 Additional
2 City 8 Ctot		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be
Zιρ	Country	Zip	Country	This corporation has liability for in	Added to Fees
4	9. Name and Address of Curre	29	30	Florida Statutes 💢 Yes	□No
-	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
STEAD.	GERALD H.				
	.FLORIDA AVE., STE.B-133		82 Street Ad	Idress (P.O. Box Number is Not Acceptable	e)
TAMPA F			83		
			84 City		■■ 85 Zip Code
11 Dureupot	to the provisions of Sections 607.050	0 007 4500 51 11 0:			⊫1 '
or register	red agent, or both, in the State of Flor	2 and 607.1508, Florida Statu ida. Such change was authori	tes, the above-named corp	poration submits this statement for the purp	ose of changing its registered office
According to		The state of the s	zoo by ino corporation a bo	Jaru of directors. I hereby accept the appoi	inument as registered agent. Lam
	ith, and accept the obligations of, Sec	tion 607.0505, Florida Statute	S.	pard of directors. Thereby accept the appoint	intment as registered agent. I am
	th, and accept the obligations of, Soc Signature, typed or printed name of registered agor				
IGNATURE .	Signaturu, typed or printed name of registered agen OFFICERS AN	nt and little if all phicable. (N ID DIRECTORS	OTE: Rog stered Agent signature requi		DATE
BIGNATURE . 2. ILLE	Signature, typed or printed name of registered agor OFFICERS AN	and title if applicable. [N	OTE: Rog stered Agent signature requi	ired when reinstating)	DATE
BIGNATURE 2. PLE AME	Signature, typed or printed name of registered agor OFFICERS AN D CALTAGIRONE, JENNIE	nt and little if all phicable. (N ID DIRECTORS	T13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE DERS AND DIRECTORS IN 12
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PHILIP CALTAGIRONE 4-26-96