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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Mar 20 1998 8:00am Secretary of State

| 1. Corporatio                                      | MEN # 26294<br>E TILE AND FLOORS, INC   | <b>\</b>   |  |                              |  | : A 1841 A 1811 A 1811 A 1811 A 1811               |
|--|---|--|--|------------------------------|--|--|
| Principal Place of Business Mailing Address        |   |  |  |                              | -{   | II 81911 B3911 B1811 B1911 1681                    |
| į  |   | 1302 E BUSCH BLVD  | -  |                              |  |  |
| TAMPA FL 33612                                     |   | TAMPA FL 33612   |  |                              | DO NOT MORE DESIGNATION  | PDA OF   |
| 1  |   |  |  |                              | DO NOT WRITE IN THIS   | SPACE  |
| 1  |   |  |  |                              | 3. Date Incorporated or Qualified  |  |
| 2. Principal Place of Business 2a. Mailing Address |   |  |  |                              | 09/24/1962<br>4, FEI Number  | Applied For  |
| 21 26  |   | <u> </u>   | ,          |                              | 59-0977083   | Not Applicable                                     |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.  |  |                              | r-   | \$8.75 Additional                                  |
| 22   |   | 27   |  |                              | 5. Certificate of Status Desired   | Fee Required                                       |
| City & Stat  | е   | City & State   | City & State                                     |                              | 6. Election Campaign Financing   | \$5.00 May Be                                      |
| 23   | · <b></b>   | 28   |  |                              | Trust Fund Contribution  | Added to Fees                                      |
| Zip  | Country   | Zip  | Country  |                              | 8. This corporation owes or has paid the cu  |  |
| 24   | 24 25 29 30 30 9. Name and Address of Current Registered Agent  |  |  |                              | Personal Property Tax due June 30.  10. Name and Address of New Registered                     | Yes No   |
|  |   |  |  | Name                         | 10. rading and variages of Mask Deficience   | - Ngoin  |
| STEAD, GERALD H.                                   |   |  |  |                              |  |  |
| 12421 N.FLORIDA AVE., STE.B-133                    |   |  | 82   | Street Addre                 | ess (P.O. Box Number is Not Acceptable)  |  |
| TAMPA FL 33612                                     |   |  | 83   | ·                            |  |  |
| j  |   |  | 84   |                              |  |  |
|  |   |  |  | City                         | FL   | 85 Zip Code  |
| 11. Pursuant<br>office or r<br>agent. La           | to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli | 502 and 607.1508, Florida Statute<br>to of Florida. Such change was a<br>gations of, Section 607.0505, Flo | es, the above-routhorized by the orida Statutes. | named corpo<br>ne corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing its registered pointment as registered |
| SIGNATURE  |   |  |  |                              |  |  |
|  | Signature, typed or printed name of registered a  |  | : Registered Agent                               | signature require            |  | D DIDECTORS III 40                                 |
| 12.  | D OFFICERS AI   | AND DIRECTORS 13  DELETE 1.1   |  |                              | ADDITIONS/CHANGES TO OFFICERS AN   | Change Addition                                    |
| NAME   | CALTAGIRONE, JENNIE   |  |  |                              |  | C change C reduion                                 |
| STREET ADDRESS                                     |   |  | 1.2 NAME<br>1.3 STREET AD                        | angree l                     |  | ;  |
| CITY-ST-ZIP  | WALES OF  |  | 1.4 CITY-ST-                                     |                              |  |  |
| TITLE  | DP DP   | DELETE   | 2.1 TITLE  |                              |  | Change Addition                                    |
| NAME   | CALTAGIRONE, MICHAEL  | <u>—</u> .   | 2.2 NAME   | 1                            |  |  |
| STREET ADDRESS                                     |   |  | 2.3 STREET AD                                    | ODRESS                       |  |  |
| CITY-ST-ZIP  |   |  | 2. 4 CiTY-ST-                                    | - 1                          |  | 1  |
| TITLE  | VST   | DELETE 31  |  | 7                            |  | Change Addition                                    |
| NAME   | CALTAGIRONE, LOUIS  |  |  | -                            |  |  |
| STREET ADDRESS                                     | 1302 E. BUSCH BLVD  |  | 3.3 STREET AD                                    | ORESS                        |  |  |
| CITY-ST-ZIP  | TAMPA FL  |  | 3.4. CITY-ST-                                    | ZIP                          |  |  |
| TITLE  | 0   | ☐ DELETE   | 4.1 TITLE  |                              |  | ☐ Change ☐ Addition                                |
| NAME   | CALTAGIRONE, PHILIP P.  |  | 4. 2 NAME  | J                            |  | j  |
| STREET ADDRESS                                     | 1302 E. BUSCH BLVD  |  | 4.3 STREET AD                                    |                              |  |  |
| CITY-ST-ZIP  | TAMPA FL.   | I priese   | 4.4 CITY-ST-2                                    | ZIP                          |  | Ohanen Takin                                       |
| TITLE  |   | DELETE   | 5.1 TITLE  | -                            |  | Change Addition                                    |
| NAME<br>OTOSET ADDRESS                             |   |  | 5.2 NAME   |                              |  |  |
| STREET ADDRESS                                     |   |  | 5.3 STREET AD                                    |                              |  | ľ  |
| CITY-ST-ZIP<br>TITLE                               |   | DELETE   | 5.4 CITY - ST - 2<br>6.1 TITLE                   | ar I                         |  | Change Addition                                    |
| NAME   |   | يا مديران  | 6.2 NAME   |                              |  | Crisingo Publishi                                  |
| l J  |   |  | 6.3 STREET AD                                    | DDECC                        |  | ļ  |
|  |   |  |  |                              |  |  |
| CITY+ST-ZIP  |   |  | 6.4 CiTY+ST-2                                    | <u> </u>                     |  |  |

I 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.