## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SIGNATURE:

|   | 1996   | DIVISION                                      | OF CORPOR                               | RAT    | IONS             |   |  |               |                       |                               |
|---|--|---|---|--------|------------------|---|--|---------------|-----------------------|-------------------------------|
| DOCUI   | MENT # 2722  | 33 (8)  | )                                       |        |                  |   |  |               |                       |                               |
| •   | IOLE TILE CO.  |   |   |        |                  |   |  |               |                       |                               |
|   |  |   |   |        |                  |   |  |               |                       |                               |
| Pancipal Place                                | of Business  | Mailing Address                               |   |        |                  |   | i i marra cultur i dalua i ilakila i ilakila           | MINA MII ALAL | HAGU DIĞIL Ö          | IDIL OLDIE OHOKU IDOL         |
| 6875 SEMINOLE BLVD<br>SEMINOLE FL 34642<br>US |  | 6875 SEMINOLE BLVD<br>SEMINOLE FL 34642<br>US |   |        |                  |   |  |               |                       |                               |
|   |  |   |   |        |                  |   | 3. Date incorporated or Qualifie 07/26/1963            |               | te of Last<br>07/03/1 |                               |
| 1   | ace of Business  | 2a. Mailing Address<br>26                     | k                                       |        |                  |   | 4. FEI Number<br>59-1011306                            |               |                       | Applied For<br>Not Applicable |
| Suile, Apt. i<br>2                            |  | Suite, Apt, #, etc                            | 27                                      |        |                  |   | 5. Certificate of Status Desired                       |               |                       | 75 Additional<br>e Required   |
| City & State                                  |  | City & State                                  |   |        |                  | 5. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |  |               |                       |                               |
| Ζφ<br><b>4</b>                                | Country <b>25</b>  | Ζιρ<br><b>29</b>                              | 30 Cot                                  | untry  | /                |   | 8. This corporation has liability the Florida Statutes | or intangible |                       |                               |
|   | 9. Name and Address of Curr  | rent Registered Agent                         |   |        |                  |   | 10. Name and Address of Nev                            |               | l Agent               |                               |
| THEO  | RICHARD F., JR.  |   |   | 81     | Nami             | _   |  |               |                       |                               |
|   | 3RD AVE NO   |   |   |        |                  | t Addres  | s (P.O. Box Number is Not Accep                        | able)         |                       |                               |
| SEMINU  | LE TL  |   |   | 83     |                  |   |  |               |                       |                               |
|   |  |   |   | 84     | City             |   |  | FI            |                       | Zip Code                      |
| fan eliär witt<br>SIGNATURE                   | o the provisions of Sections 607.05<br>ad agent, or both, in the State of Fla<br>in, and accept the obligations of, Se<br>Secretar, black or proted fame of registers ag | oction 607.0505, Florida Statu                | Orized by the cutes.  (NOTE: Registered | Юр     | Oranori          | s poard   | or directors. I hereby accept the a                    | pointment a   | s registere           | ed agent. I am                |
| 12.   | OFFICERS A   | ND DIRECTORS                                  | 13.                                     |        |                  | o recipion of   | ADDITIONS/CHANGES TO O                                 |               | DIRECT                | ORS IN 12                     |
| ITLE  | PV   | ☐ DELETE                                      | 1, 1 7                                  | ITLE   |                  |   |  |               | ☐ Change              |                               |
| IAME<br>TREET ADDRESS<br>ITY-ST-ZIP           | TUHRO,RICHARD, JR.<br>10770 63RD AVENUE, NOI<br>SEMINOLE FL  | RTH   |   | TREE ! | ADORESS          |   |  |               |                       |                               |
| ITLE  | ST   | DELETE  | 14 C)                                   |        | T-ZIP            | +   |  |               | Change                | Addition                      |
| AM:   | TUHRO, JOAN  | _   | 2.2 NA                                  |        |                  | 1   |  |               | Change                | Addition                      |
| THEFT ADDRESS<br>TTY-S1-ZIP                   | 10770 63RD AVENUE, NOI<br>SEMINOLE FL  | RTH   | 2 3 ST<br>2 4 CC                        |        | ADDRESS<br>T-ZIP |   |  |               |                       |                               |
| II.F  |  | DELETE  | 3 1 1                                   |        |                  |   | 1.1  |               | Change                | ☐ Addition                    |
| AME<br>THEFT ADDRESS                          |  |   | 3 2 NA                                  |        |                  |   |  |               |                       |                               |
| ITY- \$1-ZIF                                  |  |   |   |        | ADDRESS          |   |  |               |                       |                               |
| ILE   | ·  | DELETE  | 3.4.0()<br>4.1.7(                       |        | 1-212            | +   |  |               | Change                | ☐ Addition                    |
| AME   |  |   | 4.2 NA                                  | ME     |                  |   |  | '             | onlinge               |                               |
| THEE LADDRESS                                 |  |   | 4.3 ST                                  | REET   | ADDRESS          |   |  |               |                       |                               |
| 11 - \$1 - 712                                | ····   | 7/4/  | 4.4 CIT                                 | TY-5   | - ZIP            | <u> </u>  |  |               |                       |                               |
| TLE<br>AME                                    |  | DELETE  | 5 1 TI                                  |        |                  |   |  |               | Change                | Addition                      |
| RV:<br>IBEET ADDRESS                          |  |   | 5 2 NA                                  |        |                  | 1   |  |               |                       |                               |
| In - ST - ZIF                                 |  |   |   |        | ADDRESS          |   |  |               |                       |                               |
| 1.8   |  | ☐ DELETE                                      | 5 4 CIT<br>6 1 TIT                      |        | · ZIP            | <del> </del>  |  |               | Change                | Addition                      |
| AME   |  |   | 6.2 NA                                  |        |                  |   |  |               | T comple              | Monutal                       |
| REET ADDRESS                                  |  |   |   |        | ADDRESS          |   |  |               |                       |                               |
| 1Y-S1-ZIF                                     |  |   | 6 4 CIT                                 | Y- \$T | -ZIP             |   |  |               |                       |                               |
| oath; that I a                                | certify that the information supplied<br>to information indicated on this ani<br>am an officer or director of the corp<br>Block 12 or Block 13 if changed, or            | onation or the receiver or true               | rinuai report is                        |        |                  |   |  |               |                       |                               |

8/3-392-1254/ Daytime Phone #