FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **275908** **(2)**

1. Corporation Name

DAVE'S TILING SERVICE, INC.

Principal Place of Business

14200 N.W. 4TH ST.
SUNRISE FL 33325
US

Mailing Address

C/O DAVID A. YARBOROUGH
14200 N.W. 4TH ST
SUNRISE FL 33325
US

3. Date Incorporated or Qualified: **11/21/1963**

3a. Date of Last Report: **10/13/1995**

4. FEI Number: **59-1027686** [ ] Applied For [ ] Not Applicable

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 [X] Yes [ ] No

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

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

9. Name and Address of Current Registered Agent

HESS, DANIEL A. E
REASBECK, FEGERS & HESS, P.A.
6011 RODMAN ST., STE 101
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. Said 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

Signature, typed or printed name of registered agent and title if applicable — NOTE: Required if Agent Signature is Checked Above — DATE

12. OFFICERS AND DIRECTORS

TITLE: DP
NAME: YARBOROUGH, DAVID
STREET ADDRESS: 4844 S W 64TH AVE
CITY-ST-ZIP: FT LAUDERDALE, FL 00000
[ ] DELETE

TITLE: SD
NAME: YARBOROUG, HAROLD
STREET ADDRESS: 15140 WHETSTONE WAY
CITY-ST-ZIP: FORT LAUDERDALE FL
[ ] DELETE

TITLE: V
NAME: O'KEEFE, MICHELLE N.
STREET ADDRESS: 5982 SW 112TH TERRACE
CITY-ST-ZIP: COOPER CITY FL
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[ ] Change [ ] Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[ ] Change [ ] Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[ ] Change [ ] Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[ ] Change [ ] Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[ ] Change [ ] Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[ ] Change [ ] Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harold G. Yarborough 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold G. Yarborough

Date

954-845-1111

Daytime Phone #