CR2E034 (11/98)

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90004 039 \*\*\*300.00

Mailing Address

C/O DAVID A. YARBOROUGH



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 275908

1. Corporation Name

Principal Place of Business

SIGNATURE:

14200 N.W. 4TH ST.

DAVE'S TILING SERVICE, INC.

US US	325	SUNRISE FL 33325 US					DO NOT WRITE IN THIS SPACE				
US							3. (	Date Incorporated or Qual	ifed		
								11/21/1963			
2 Principal Pl	ace of Business	2a. Mailing Address						FEI Number		A	pried For
<b>—</b>	ace of Dusiness	26						59-1027686		N	ot Applicable
Suite, Act. i	# oto	Suite, Apt. #, etc.								\$8.75	Additional
	+, etc.	27				ļ	5. (	Certifc ate of Status Desire	d 🗌		ter uired
City & State		City & State			+	6 1	Election Campaign Finance	ino	\$5.00	) May Be	
City & State	1	<b>⊢</b> ′					Trust Fund Contribution	a 🗆		tc Fees	
Zip Cour try		Zip Country						This corporation owes the	current year		
Zip	_ ′	<b>⊢</b> '	30					Persor al Property Tax.	current year	Yes	<b>⊠</b> No
24	25	29	30	201				Name and Address of N	w Registers		
	9. Name and Address of Curren	Registered Agent		81	Name			Hame did i taatooo ti ii			
VADE	BOROUGH, HAROLD G.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	O N.W. 4TH ST.		82 Street Ac			Ac dress	s (P.	.O. Bo> Number is Not Acc	eptable)		
					<b>—</b> ——						<del>_</del> _
	RODMAN ST., STE 101			83	İ						
SUN	RISE FL 33325			84	City					. 85 Zip	Code
									F		
office ⊕r re agent. I ar	to the provisions of Sections 607,050; egistered agent, or both, in the State on m familiar with, and accept the obligat	rt Florida, Such change was i	authorized	עם כ	the corbo	ccrpora oration's	tion s boa	n submits this statement for pard of directors. I hereby a	ccept the app	ontment as r	egistered
SIGNATUFE	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E Registered	1 Ager	it signature r	required wh	hen rei	einstating)	DATE	-	<u> </u>
12.	OFFICERS ANI) DIRECTORS		13.	13.				ADDITIONS/CHANGES TO	OFFICERS	AND DIRECT	OftS IN 12
TITLE	DP OF FIGURE	☐ DELETE	1.1 Ti	TLE		Γ			<del></del>	☐ Change	
	YARBOROUGH, DAVID		1.2 N	AME							
NAME			1		r ADDRESS						
STREET ADDRESS	4844 S W 64TH AVE										
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	C DCIETE	_	ITY-S	1-212	<del> -</del>		<del></del>		Change	Addition
TITLE	_			2.1 TITLE							
NAME	YARBOROUG, HAROLD		2.2 NAME								
STREET ADDRESS	15140 WHETSTONE WAY	2.3 \$		2.3 STREET ADDRESS							1
CITY-ST-ZIP	ORT LAUDERDALE FL		2. 4 CITY		T-ZIP	L					
TITLE	<b>∫</b> DELETE		3.1 T	3.1 TITLE						☐ Change	Addition
NAME	O'KEEFE, MICHELLE N.		3.2 N	3.2 NAME							
STREET ADDRESS	5982 SW 112TH TERRACE			3.3 STREET ADDRESS							·
CITY-ST-ZIP	COOPER CITY FL.		3.4. 0	CITY-S	ST-ZIP				_		
TITLE				4.1 TITLE				<del></del>	<del></del>	☐ Change	e 🔲 Addition
NAME			4.21	NAME							
STREET ADDRESS			435	TREE	TADDRESS						
			1	ITY-S							
CITY-ST-ZIP		☐ DELETE	5.1 T		1-211	<del> </del>				☐ Change	Addition
TITLE			5.1 N							_ •	
NAME					T ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE		├				Change	e
TITLE		☐ DELETE									
NAME			6.2 N								
STREET ADDRESS			6.3 S	TREE	T ADDRESS						

6.4 CITY-ST-ZIP 14. I hereby certify that the informa ion supplied with this filing does not qualify for the exception stated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental injural reports 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 of 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 paperane techniques with an address, with a padgress, with a produce of the corporation 