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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90121 038 ***150.00

DOCUMENT # 343846 1. Corporation Name CERAMIC ENTERPRISES OF FLORIDA, INC.

1 micipal i laca	of Business	Mailing Address					
2950 ALOMA AV	/E	2950 ALOMA AVE					
STE #305		STE 305			50 NOT 11/01	TE IN TURE COACE	
WINTER PARK P	FL 32792	WINTER PARK FL 32792		<u> </u>		TE IN THIS SPACE	
US		US		3.	Date Incorporated or Qualifed 04/02/1969		
		A Marillan Addana			FEI Number		Applied For
	ace of Business	2a. Mailing Address		4.	-59-1301698		Not Applicable
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5.	Certifcate of Status Desired		Required
22		27					
City & State	e	City & State		6.	Election Campaign Financing	1 1	May Be
23		28	Country		Trust Fund Contribution		d to Fees
Žip	Country	Zip	¬ ' ' ' ' '	8.	This corporation owes the curre	ent year Intangible XIYes	∑No
24	25	29 3	0]		Personal Property Tax. Name and Address of New R		
	9. Name and Address of Curren	t Registered Agent	81 Nai		Name and Address of New R	registeren Agent	
RHC	HED ROUCE &		O I Nai	Truin	a M Felder		
BUCHER, BRUCE S.		82 Street Add		et Address (F	O. Box Number is Not Accepta	ible)	
270 W. READING WAY		्र ५५		444	<u>Shepherd Ave</u>	- · · · · · · · · · · · · · · · · · · ·	
AANAI	TER PARK FL		83	Win	ter Park		
			84 City		101 10110	85 Zi	o Code
						FL 3	2789
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State on m familiar with, and accept the obligation	2 and 607.1508, Florida Statutes	, the above-nam	ned corporation	n submits this statement for the pard of directors. I hereby acces	purpose of changing of the appointment as	registered registered
agent. I ar	egistered agent, or both, in the State on familiar with, and eccept the obligat	tions of, Section 607.0505, Florid	a Statutes.	orporation s o	oute of all octors. Choicely accept		
SIGNATURE		Oscor			1.1	29/99	
JOINTONE.	Signature, typed or printed rame of resistered agen		egistered Agent signal			OAYE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF		
TITLE	PDT	☐ DELETE	1.1 TITLE			Chang	e Magnings
NAME							,
NAME }	GOWELL, JOAN B		1.2 NAME				1
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1 1				ESS	4-7		
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14. 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, with all other like empowered.

SIGNATURE

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylor

HO7 657.2334 Daytime Phone #

CR2E034 (11/98)