

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 416512

(2)

1. Corporation Name

PRICATE TILE CORPORATION

Principal Place of Business

P.O. BOX 15946
WEST PALM BCH. FL 33416

Mailing Address

P.O. BOX 15946
WEST PALM BCH. FL 33416

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/10/1973

3a. Date of Last Report
04/25/1994

2. Principal Place of Business

21 **1261 WYNDCLIFF DR**

2a. Mailing Address

26 **SAME**

4. FEI Number

59-1429875

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 **WPB FL**

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 **33414**

County

Zip

25

Country

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SCAVUZZO, GIULIO
1498 FARMINGTON COURT
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name

SCAVUZZO GIULIO

82 Street Address (P.O. Box Number is Not Acceptable)

1261 WYNDCLIFF DR

83

84 City

WPB

FL

85 Zip Code

33414

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. Such 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]

(NOTE: Registered Agent signature required when re-registering)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SCAVUZZO, GIULIO
STREET ADDRESS	1498 FARMINGTON COURT
CITY - ST - ZIP	WELLINGTON FL
TITLE	S
NAME	SCAVUZZO, GIULIO
STREET ADDRESS	1498 FARMINGTON COURT
CITY - ST - ZIP	WELLINGTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1261 WYNDCLIFF DR
1.4 CITY - ST - ZIP	WPB FL 33414
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	SAME
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 my address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95
Date

407 798 4349
Keytime Press