

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 450809

(9)

1. Corporation Name

SIKES TILE DISTRIBUTORS, INC.



Principal Place of Business

3498 N. E. 12TH AVE.
POST OFFICE BOX 23038
OAKLAND PARK FL 33307

Mailing Address

3498 N. E. 12TH AVE.
POST OFFICE BOX 23038
OAKLAND PARK FL 33307

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/23/1974

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1534762

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



Yes



No

9. Name and Address of Current Registered Agent

SIKES, JR., LEON R
3484 N.E. 12TH AVENUE
OAKLAND PARK FL 33307

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. 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 of Registered Agent required when registering

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SIKES, LEON, JR.
STREET ADDRESS 3498 NE 12TH AVE
CITY-ST-ZIP OAKLAND PK, FL 00000

DELETE

TITLE V
NAME ~~LILLY, VICTOR~~
STREET ADDRESS ~~17801 NW 88TH AVE G 101~~
CITY-ST-ZIP ~~MIAMI, FL 00000~~

DELETE

TITLE T
NAME MICHALOSKI, PAUL
STREET ADDRESS 3498 NE 12TH AVE
CITY-ST-ZIP OAKLAND PK, FL 00000

DELETE

TITLE V
NAME BRUCE, WILLIAM
STREET ADDRESS 425 AVON ROAD
CITY-ST-ZIP W PALM BCH, FL 00000

DELETE

TITLE V
NAME SIKES, LEON R. III
STREET ADDRESS 791 MONTEREY RD.
CITY-ST-ZIP STUART FL

DELETE

TITLE V
NAME FOLEY, JOHN
STREET ADDRESS 1601 NW 82ND AVE
CITY-ST-ZIP MIAMI FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

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 119.07(3)(k), 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:

Paul Michaloski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/96

(305) 561-2446
Daytime Phone

CR2E034 (12/95)