

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 23, 1999 8:00 am
Secretary of State

03-23-1999 90018 034 ***158.75

DOCUMENT # 450809

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1974

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE
NAME LAZENBY, ERIC
STREET ADDRESS 1601 NW 82ND AVENUE
CITY-ST-ZIP MIAMI FL

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME SIKES, LEON R., JR.
1.3 STREET ADDRESS 3498 N.E. 12TH AVENUE
1.4 CITY-ST-ZIP OAKLAND PARK, FL.

TITLE V ☐ DELETE
NAME TRAMONTANA, THOMAS
STREET ADDRESS 425 AVON ROAD
CITY-ST-ZIP WEST PALM BEACH FL

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

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

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

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

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

TITLE V ☐ DELETE
NAME CLARK, DAVID
STREET ADDRESS 3484 NE 12 AVE
CITY-ST-ZIP OAKLAND PARK FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE TREASURER ☐ Change ☒ Addition
6.2 NAME MICHALOSKI, PAUL
6.3 STREET ADDRESS 3498 N.E. 12TH AVENUE
6.4 CITY-ST-ZIP OAKLAND PARK, FL.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

03/01/99

Daytime Phone #

(954) 561-2446

CR2E034 (11/98)

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