

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:32

DOCUMENT # 469616 (7)

1. Corporation Name
PIANA TILE, MARBLE & TILE-REDI SHOWER MODULES, I
NC.

Principal Place of Business Mailing Address
8542 N. W. 25TH PLACE 8542 N. W. 25TH PLACE
CORAL SPRINGS FL 33065-5359 CORAL SPRINGS FL 33065-5359

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|---------|-------------------------|---------|--|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 03/18/1975 | 01/21/1994 |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| | | | | 59-1591389 | Not Applicable |
| 23. City & State | | 28. City & State | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip | Country | 29. Zip | Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | |

| | | | | | |
|---|--|--|--|--|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| PIANA, ANGELO J. 8542 N. W. 25TH PLACE CORAL SPRINGS FL | | | | 81. Name | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83. | |
| | | | | 84. City | |
| | | | | 85. Zip Code | FL |

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 _____

(NOTE: Registered Agent Signature required when resubscribing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | ST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIANA, ELIZABETH | 1.2 NAME | |
| STREET ADDRESS | 8542 N. W. 25TH PLACE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIANA, ELIZABETH | 2.2 NAME | |
| STREET ADDRESS | 8542 N. W. 25TH PLACE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL | 2.4 CITY - ST - ZIP | |
| TITLE | PD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIANA, ANGELO J. | 3.2 NAME | |
| STREET ADDRESS | 8542 N.W. 25TH PLACE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CORAL SPRINGS FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 199.032(3)(b), Florida Statutes. Further, I do hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation 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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth Piana Scay Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Elizabeth Piana - Scay Treas.

1-16-95 305-753-2114