

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY - 1 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **598805** (0)

1. Corporation Name:  
**UNITED TILE MANUFACTURERS, INC.**

Principal Place of Business Mailing Address  
**5502 ANDERSON RD TAMPA FL 33614** **5502 ANDERSON RD TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

|                                    |                         |  |   |                                   |                         |
|------------------------------------|-------------------------|--|---|-----------------------------------|-------------------------|
| 2. Principal Place of Business     |                         | 2a. Mailing Address  |   | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 5502 ANDERSON RD<br>TAMPA FL 33614 |                         | 5502 ANDERSON RD<br>TAMPA FL 33614   |   | 12/29/1978                        | 05/01/1994              |
| 21. Principal Officer or Director  | 2a. Mailing Address     | 4. FEI Number  | Applied For   |                                   |                         |
| 21                                 | 26                      | 59-1872525   | Not Applicable  |                                   |                         |
| 22. State, Apt. #, etc.            | 27. State, Apt. #, etc. | 5. Certificate of Status Desired   | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees |                                   |                         |
| 22                                 | 27                      | 6. Election Campaign Financing Trust Fund Contribution   | <input type="checkbox"/> Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No              |                                   |                         |
| 23. City & State                   | 28. City & State        | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                                   |                         |
| 23                                 | 28                      |  |   |                                   |                         |
| 24. Zip                            | 25. Country             | 29. Zip  | 30. Country   |                                   |                         |
| 24                                 | 25                      | 29   | 30  |                                   |                         |

|  |  |  |    |              |  |
|--|--|--|----|--------------|--|
| 9. Name and Address of Current Registered Agent                              |  | 10. Name and Address of New Registered Agent           |    |              |  |
| <b>PLAZZA, MARIO L</b><br><b>5502 ANDERSON ROAD</b><br><b>TAMPA FL 33614</b> |  | 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 197, 198, and 199, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (as may have been reported to 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 Sections 197, 198, and 199, Florida Statutes.

SIGNATURE: \_\_\_\_\_ OFFICE OF THE SECRETARY OF STATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|--|---|
| NAME                       | PD<br>PLAZZA, MARIO L<br>5502 ANDERSON RD<br>TAMPA, FL 33612   | 1. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | SD<br>PLAZZA, BENEDETTO<br>5502 ANDERSON RD<br>TAMPA, FL 33612 | 2. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY & STATE               | D<br>PLAZZA, GIAN PAOLO<br>5502 ANDERSON RD<br>TAMPA FL        | 3. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP                        | TD<br>PLAZZA, STEFANO<br>5502 ANDERSON AVE<br>TAMPA, FL 33612  | 4. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | 6. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY & STATE               |  | 7. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP                        |  | 8. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 9. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |  | 10. NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY & STATE               |  | 11. NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP                        |  | 12. NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.031 and 199.032, Florida Statutes. Further, I 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. I am aware of the penalties for the falsification of this report or further information to be used in this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on a certificate filed with an address.

SIGNATURE: *Mario L. Plaza* Mario L Plaza 5/1/95 (813) 854-2382  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR