PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 649054

1. Corporation Name

INTERNATIONAL STONE & MARBLE, INC.

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Principal Place of Business Mailing Address					_			1 199114 Sittle orange tanta orange attention	o. 21011 01211 01011 01011	91911 41911 1447
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							<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified		
I		•					'	12/20/1979		
ŀ	2. Principal Pl	ace of Business	2a. Mailing Ac	idress	_			12/20/ 1373 1. FEI Number	TIA	pplied For
ŀ	21 26							59-1961919		ot Applicable
ļ	Suite, Apt. i	#, etc.	Suite, Apt.	. #, etc.				5. Certifcate of Status Desired		Additional equired
ŀ	City & State		City & Sta	ite - '	, %	- 5	· · · · · · · · · · · · ·	3. Election Campaign Financing	\$5.00	May Be
ł	23	-	28	•				Trust Fund Contribution		to Fees
ĺ	Zìp	Country	Zip		Counti	гу		This corporation owes the current Personal Property Tax.	year Intangible	⊠ No
ł	24	9. Name and Address of Cut			301		10	0. Name and Address of New Regi	stered Agent	
Ì			······································		8	1 Name				<u> </u>
ļ		re, betty a			8:	2 Street	Address	(P.O. Box Number is Not Acceptable	<u> </u>	
4304 SOUTH U.S. #1									,	
ļ	FORT	FPIERCE FL 34982			8	3				
ļ					8	4 City			85 Zip	Code
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1	office or re	egistered agent or both in the St	ate of Florida. Such ch	ange was au	thorized b	y the corpo	corporation's l	on submits this statement for the pur board of directors. I hereby accept th	e appointment as r	egistered
l	agent. I ar	m familiar with, and accept the ob	ligations of, Section 60)7.0505, Flori •	da Statute	es.				
1	SIGNATURE		*),	Conjectored Act	<u> </u>		n reinstating) 55%	DATE	
		Stanature, typed or printed name of registered	l agent and title if applicable. " +		uedioreren ud	ient signature n	equired wher	n redistating) 3-74	DATE	
Ì	12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	, (1401E.)	13.*	jent signature n	equired wher	ADDITIONS/CHANGES TO OFFICE		
Ì			AND DIRECTORS	DELETE		· · · · · · · · · · · · · · · · · · ·	equired when	Traditional Tradition of the Control		ORS IN 12
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

561-465-8733

Change

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90174 029 ***150.00

Addition