

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 649877 (8)

1. Corporation Name
A.C. TILE SETTING CORP.



Principal Place of Business

4611 W. CAYUGA STREET
TAMPA FL 33614
US

Mailing Address

3201 ST. CONRAD STREET
TAMPA FL 33607-2133
US

3. Date Incorporated or Qualified
12/31/1979

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1959806

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

10. Name and Address of New Registered Agent

CRUZ, HELEN
4611 W CAYUGA
TAMPA, FL
33614

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 below of registered agent and title, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CRUZ, AURELIO
STREET ADDRESS 4611 W CAYUGA
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE VD
NAME CRUZ, HELEN
STREET ADDRESS 4611 W CAYUGA
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE TD
NAME CRUZ, MICHELLE
STREET ADDRESS 2702 W. WOODLAWN AVE.
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE SD
NAME CRUZ, HELEN
STREET ADDRESS 4611 W CAYUGA
CITY-STATE-ZIP TAMPA FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 13 of this report.

SIGNATURE:

Aurelio Cruz Sr. PRESIDENT

3-6-96

Date

Daytime Phone #

CR2E034 (12/95)