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FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 751905 (1)  
1. Corporation Name  
SOUTHEASTERN CULTURED MARBLE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

202 SW OAKRIDGE DR.  
PORT ST. LUCIE FL 34984

202 SW OAKRIDGE DR.  
PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified

04/07/1980

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUYSMAN, MICHEL, ESQ.  
2000 S. DIXIE HIGHWAY  
SUITE 101  
MIAMI FL 33133

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 617.0502 and 617.1508, 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 617.0503, 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 D ☐ DELETE

NAME DESTEFANO, IRENE J  
STREET ADDRESS 202 SW OAKRIDGE DR  
CITY-ST-ZIP PORT ST LUCIE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME HAMNER, BRIDGETTE  
STREET ADDRESS 780 8TH CT  
CITY-ST-ZIP VERO BEACH FL

2.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME NADAL, LARRY  
STREET ADDRESS 950 BELL ROAD  
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME GUERTIN, RON  
STREET ADDRESS 1657 W UNIVERSITY PARKWAY  
CITY-ST-ZIP SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME DUTMERS, JOE  
STREET ADDRESS 1544 MARKET CIRCLE, BLDG 11  
CITY-ST-ZIP PORT CHARLOTTE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

RECORDED

2/13/98

CR2E037 (10/97)