


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90118 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 751905					
1. Corporation Name SOUTHEASTERN CULTURED MARBLE ASSOCIATION, INC.					
Principal Place of Business 202 SW OAKRIDGE DR. PORT ST. LUCIE FL 34984			Mailing Address 202 SW OAKRIDGE DR. PORT ST. LUCIE FL 34984		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/07/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DESTEFANO, IRENE J			1.2 NAME			
STREET ADDRESS	202 SW OAKRIDGE DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAMNER, BRIDGETTE			2.2 NAME	SD Zeigler, Joe		
STREET ADDRESS	780 8TH CT			2.3 STREET ADDRESS	6414 126th Ave. North		
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP	Largo FL 33773		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NADAL, LARRY			3.2 NAME	VP Pemberton, Neil		
STREET ADDRESS	950 BELL ROAD			3.3 STREET ADDRESS	1106 W. Central Blvd.		
CITY-ST-ZIP	SARASOTA FL			3.4 CITY-ST-ZIP	Orlando FL 32805		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUERTIN, RON			4.2 NAME			
STREET ADDRESS	1657 W UNIVERSITY PARKWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			4.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DUTMERS, JOE			5.2 NAME	Dorsey, David		
STREET ADDRESS	1544 MARKET CIRCLE, BLDG 11			5.3 STREET ADDRESS	5910 N. Coolidge Ave.		
CITY-ST-ZIP	PORT CHARLOTTE FL			5.4 CITY-ST-ZIP	Tampa FL 33614		
TITLE		<input type="checkbox"/> DELETE		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 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 617, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

(813) 877-7591

Date

Daytime Phone #

CR2E037 (1/98)