

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 # F14288 (7)
1. Corporation Name

A-1 TILE, INC.
5744 CHURCHILL DOWNS ROAD
SARASOTA, FL. 34241

Principal Place of Business Mailing Address
%PATRICK L. MYNATT %PATRICK L. MYNATT
5744 CHURCHILL DOWNS RD. (SAME)
SARASOTA, FL. 34241

3. Date Incorporated or Qualified **01/02/1981** 3a. Date of Last Report **05/23/1995**

4. FEI Number **59-2054228** 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

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 Country	25 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATRICK L. MYNATT
5744 CHURCHILL DOWNS RD.
SARASOTA, FL. 34241

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 name of registered agent and title in parentheses

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	<input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	<input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	<input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	<input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME	<input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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900001808119

05/06/96-01015-003 Change Addition
*****200.00**

SIGNATURE:

Patrick L. Mynatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

356-6083
Daytime Phone #

CR2E034 (12/95)