Applied For

Added to Fees

Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # F39069**

Country

9. Name and Address of Current Registered Agent

25

MARESCA, LOUIS

Zip

24

Corporation Name								
TONY'S TILE SERVICE, INC.								
, , , , , , , , , , , , , , , , , , , ,								
	14-11 Address							
Principal Place of Business	Mailing Address							
1085 MORNINGSIDE DRIVE	1085 MORNINGSIDE DRIVE							
VERO BEACH FL 32963	VERO BEACH FL 32963							
<b>\</b>								
2. Principal Place of Business	2a. Mailing Address							
21	26							
	Suite, Apt. #, etc.							
Suite, Apt. #, etc.	the second control of							
[22]								
City & State	City & State							
	11							

Zip

29

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

04-20-1999 90212 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

82 Street Address (P.O. Box Number is Not Acceptable)

06/02/1981 4. FEI Number

<u>59-1874145</u>

1085	MORNINGSIDE DRIVE	1			•				_	
VERO BEACH FL 32964										
			Ļ	· .	_	<del>-</del>		85 2	Zip Cot	la.
		84	C	ıty			FL	65   4	cip Co	,0
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agistered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Sta	d by	the	med corporation's	tion submits this state board of directors. I	ement for the p hereby accept	urpose of c the appoin	hanging Iment a	j its reg s regis	gistered lered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Register	d Agen	nt sign	nature required who	en reinstating)		DATE			<del></del>
12.	OFFICERS AND DIRECTORS 13				ADDITIONS/CHA	NGES TO OFF	ICERS AND	DIRE	CTORS	IN 12
TITLE	0111021107112	TILE	-					☐ Char	ige	☐ Addition
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		CITY-S								
CITY-ST-ZIP		ITLE	1-211			· · ·		☐ Char	nge	Addition
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NAME	62	AME		ŀ						
STREET ADDRESS	6.3	STREET	T ADE	RESS						
CITY-ST-ZIP	■ <del></del>	CITY-S		I						
14 Lhoroby c	ertify that the information supplied with this filing does not qualify for the ex on this annual report or supplemental annual report is true and accurate ar	empti	ion	stated in Sec	tion 119.07(3)(i), Flo	rida Statutes. I	further cert	fy that t	he info	rmation

Country

81 Name

30

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.