SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F43997** **(8)**

1. Corporation Name

J.F.C. TILE, INC.

Principal Place of Business	Mailing Address
% JOCELYN LA CERTE ~~1100 S.W. 28TH AVE~~ BOCA RATON FL 33486	P O BOX 3232 ~~1100 S.W. 28TH AVE~~ BOCA RATON FL 33427 US

3. Date Incorporated or Qualified: 09/10/1981	3a. Date of Last Report: 01/26/1995
4. FEI Number: 65-0377869	Applied For / Not Applicable
5. Certificate of Status Desired: [X]	$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 [X] No	

2. Principal Place of Business	2a. Mailing Address
21: 902 N.E 1ST STREET	26: P.O. Box 3232
22 Suite, Apt. #, etc.: Pompano Bch	27 Suite, Apt. #, etc.: BOCA RATON
23 City & State: BROWARD	28 City & State: FL.
24 Zip: FLA. 25 Country: 33060	29 Zip: 33427 30 Country: Palm Bch

9. Name and Address of Current Registered Agent

LACERTE, JOCELYN
~~470 N.W. 28TH AVE~~
~~DEERFIELD BEACH FL 33442~~

10. Name and Address of New Registered Agent

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 of New Registered Agent, if changed / PRINTED Name of New Registered Agent, if changed / Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LACERTE, JOCELYN ~~470 N.W 38TH AVE.~~ ~~DEERFIELD BEACH~~ FL	[ ] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	OFFICER JEAN F. LACERTE	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST LACERTE, HENRIETTE ~~470 N.W 38TH AVE~~ ~~DEERFIELD BEACH FL~~	[ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LACERTE, HENRIETTE ~~1100 SW 28 AVENUE~~ ~~BOCA RATON, FL 00000~~	[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		[ ] Change [ ] Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Henriette Lacerte — 6-12-1996 — 954-786-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)