


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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F46561 1. Corporation Name: <i>Venice Tile Inc.</i>			
Principal Place of Business: <i>412 E. Venice Ave.</i> <i>Venice FL 34292</i>		Mailing Address: <i>412 E. Venice Ave.</i> <i>Venice FL 34292</i>	
2. Place and Place of Business: 21 <i>412 E. Venice Ave.</i> Suite, Apt. #, etc.: 22 City & State: 23 <i>Venice FL</i> Zip: 24 <i>34292</i>	2a. Mailing Address: 26 <i>412 E. Venice Ave.</i> Suite, Apt. #, etc.: 27 City & State: 28 <i>Venice FL</i> Zip: 29 <i>34292</i>	3. Date Incorporated or Qualified: <i>9-29-81</i> 3a. Date of Last Report: <i>1996</i> 4. FEI Number: <i>59-2132783</i> 5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent: <i>Wayne T. Johnson</i> <i>1442 Strada D'Argento</i> <i>Venice FL 34292</i>		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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <i>PD</i> <input type="checkbox"/> DELETE NAME: <i>Johnson, Robert B</i> STREET ADDRESS: <i>1250 Waterside Lane</i> CITY-ST-ZIP: <i>Venice FL 34292</i>	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME: 13 STREET ADDRESS: 14 CITY-ST-ZIP:		
TITLE: <i>VTD</i> <input type="checkbox"/> DELETE NAME: <i>Johnson, Wayne T</i> STREET ADDRESS: <i>1442 Strada D'Argento</i> CITY-ST-ZIP: <i>Venice, FL 34292</i>	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME: 23 STREET ADDRESS: 24 CITY-ST-ZIP:		
TITLE: <i>SD</i> <input type="checkbox"/> DELETE NAME: <i>Johnson, Mary K</i> STREET ADDRESS: <i>1250 Waterside Lane</i> CITY-ST-ZIP: <i>Venice, FL 34292</i>	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:		
TITLE: <i>D</i> <input type="checkbox"/> DELETE NAME: <i>Johnson, Martha J</i> STREET ADDRESS: <i>1442 Strada D'Argento</i> CITY-ST-ZIP: <i>Venice, FL 34292</i>	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:		
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Wayne T. Johnson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>5-9-97</i> <i>941-488-7372</i> Date Daytime Phone #	

CR2E034 (9/96)