


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F51686 (6)</b>			
1. Corporation Name <b>CREATIVE TILE CONCEPTS, INC.</b>			
Principal Place of Business C/O MARY M. WHITE 4035 TENTH STREET, N. NAPLES FL 33940-0304		Mailing Address C/O MARY M. WHITE 4035 TENTH STREET, N. NAPLES FL 33940-0304	
2. Principal Place of Business 21 <b>1853 Trade Center Way</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1853 Trade Center Way</b> Suite, Apt. #, etc.	
City & State 23 <b>Naples FL</b>		City & State 28 <b>Naples FL</b>	
Zip 24 <b>34109</b>		Zip 29 <b>34109</b>	
Country 25 <b>US</b>		Country 30	
9. Name and Address of Current Registered Agent <b>WHITE, MARY M 4035 TENTH STREET, NORTH NAPLES FL 33940</b>			
10. Name and Address of New Registered Agent 81 Name <b>Lisa A. Bruckner</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1853 Trade Center Way</b> 83 84 City <b>Naples</b> FL 85 Zip Code <b>34109</b>			
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 <b>Lisa A. Bruckner, Controller</b> 7/13/98 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, BRIAN 6820 DANIELS ROAD NAPLES, FL 00000 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Neal White 5861 Cypress Hollow Way Naples FL 33942 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE, NEAL 5861 CYPRESS HOLLOW WAY NAPLES, FL 00000 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Steve Agius 6617 Highland Pines Cr. Fort Myers FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, MARY M 6820 DANIELS ROAD NAPLES, FL 00000 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer Greg Goggin 9593 Litchfield Ln. Naples FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBB, GREGORY S 4185 5TH AVE NW NAPLES FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary Lisa Bruckner 1543 Anchorage Way Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

**Neal White**

7/13/98

941.513.0200

CR2E034 (5/98)