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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004505

RHEINSCHMIDT TILE & MARBLE, INC.

Principal Plac						<u> </u>	PRO 44 001 Bio 4 3 Octob	38 0 1 31
	ce of Business	Mailing Address	s					
1100 AGENCY ST PO BOX 308								
BURLINGTON IA 52601 BURLINGTON IA 52601			52601			DO NOT WRITE IN THIS SPACE		
							115 SPACE	
						3. Date Incorporated or Qualifed		
						09/15/1995		
2. Principal P	Place of Business	2a. Mailing Add	ress			4. FEI Number		pplied For
21		26				42-1394480	<u> </u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	ŧ, etc.			5. Certificate of Status Desired		Additional
22		27					Fee Re	equired
City & Stat	te	City & State	9			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year	***	_
24	25	29	30			Personal Property Tax.	—————————————————————————————————————	□No
Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent	
		Maria Charles		81	Name			
C,T	CORPORATION SYSTEM	, •		82	Stroot Addr	ess (P.O. Box Number is Not Acceptable)		
120	O SOUTH PINE ISLAND ROAD	11 p		02	Street Addr	ess (P.O. Box Number is Not Acceptable)		, dayer distress.
PLA	NTATION FL 33324			83			142113 68.511	
				84	City		85 Zip	Code
<u> </u>	40 6 607.050	,,, e,,	ida Chababaa Aba			oration submits this statement for the purpose	of changing its	ragistared
11 Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such char	nga Statutes, the nge was authorize	ed by	the corporation	on's board of directors. I hereby accept the ap	pointment as re	egistered
agent. I a	am familiar with, and accept the obliga	itions of, Section 607	.0505, Florida Sta	atutes	•	, , ,		1
SIGNATURE								
	Signature, typed or printed name of registered ager							
40			(NOTE: Registere	ed Agen	nt signature required	d when reinstating) . * OATE		
12.	OFFICERS AN	ID DIRECTORS	13		nt signature required	ADDITIONS/CHANGES TO OFFICERS		
TITLE	OFFICERS AN	ID DIRECTORS	13		nt signature required		AND DIRECTO	ORS IN 12
	OFFICERS AN C RHEINSCHMIDT, SHIRLEY	ID DIRECTORS	DELETE 1.1	3.	nt signature required	ADDITIONS/CHANGES TO OFFICERS		
TITLE	C RHEINSCHMIDT, SHIRLEY	ID DIRECTORS	DELETE 1.1 1.2 1	TITLE NAME	nt signature required	ADDITIONS/CHANGES TO OFFICERS		
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

1/4/99

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90005 018 ***150.00

319-754-4738

Daytime Phone #