FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 09 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 # **F96000005314 (7)**

1. Corporation Name
PALA TILE & CARPET CONTRACTORS, INC.

Principal Place of Business
600 S COLONIAL AVE
ELSMERE DE 19805

Mailing Address
600 S COLONIAL AVE
ELSMERE DE 19805-1956

3. Date Incorporated or Qualified: **10/09/1996**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **51-0302343** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$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 ☐ No

9. Name and Address of Current Registered Agent
PALA, GENO
394 DEVON PL
HEATHROW FL 32746

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, 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	**DCP** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**ZAMBANINI, RICHARD**	1.2 NAME	
STREET ADDRESS	**120 HAYWOOD RD, CENTERVILLE**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**WILMINGTON DE 19807**	1.4 CITY-ST-ZIP	
TITLE	**DCST** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**PALA, WILLIAM N**	2.2 NAME	
STREET ADDRESS	**100 BROOKHILL DR**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**HOCKESSIN DE 19707**	2.4 CITY-ST-ZIP	
TITLE	**DV** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**PALA, JOSEPH E**	3.2 NAME	
STREET ADDRESS	**92 AUGUSTINE CUT-OFF**	3.3 STREET ADDRESS	
CITY-ST-ZIP	**WILMINGTON DE 19803**	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: [illegible] 4/28/97 302-652-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)

0008462