FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 22 ... 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G44440 (7)

1. Corporation Name

RMSD, INC.

Principal Place of Business
900 N.W. 54TH STREET
MIAMI FL 33127-1818

Mailing Address
900 N.W. 54TH STREET
MIAMI FL 33127-1818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1983
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2700050 [ ] 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

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

9. Name and Address of Current Registered Agent

VALENTINE, MARK A.
4740 BISCAYNE BLVD
STE.800
MIAMI FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PTD	TITLE	[ ] Change [ ] Addition
NAME	REEVES, GARTH C.	NAME	
STREET ADDRESS	900 NW 54 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD	TITLE	[ ] Change [ ] Addition
NAME	REEVES, RACHEL J.	NAME	
STREET ADDRESS	900 NW 54 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VP	TITLE	[ ] Change [ ] Addition
NAME	VALENTINE, MARK A.	NAME	
STREET ADDRESS	4740 BISCAYNE BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on the 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 the 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: Garth C. Reeves   3/14/95   305-893-7715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · DAYTIME PHONE

0125056 CP

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10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **G45363** **(0)**

1. Corporate Name

URO TILE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
974 EXPLORER'S COVE 144 ALTAMONTE SPGS FL 32701	974 EXPLORER'S COVE 144 ALTAMONTE SPGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/07/1983**

3a. Date of Last Report: **08/05/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2337645** — Applied For ☐ Not Applicable ☐

State, Apt. # or P.O. Box — 22 / 27

5. Certificate of Status (Optional) ☐ **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP — 24 / County — 25 / ZIP — 29 / County — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINKBEINER,FRANK G.,ESQ.
469 NORTH ORANGE AVENUE
ORLANDO FL 32801

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 Section 607.0501 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

(Typed Name of Person Authorized to Sign) (If Registered Agent, Signature Required Above) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
15 TITLE	PTD	41 TITLE	☐ Change ☐ Addition
16 NAME	NALLY, GARY LEE	42 NAME	
17 STREET ADDRESS	974 EXPORER'S CVE, #144	43 STREET ADDRESS	
18 CITY ST ZIP	ALTAMONTE SPRINGS FL	44 CITY ST ZIP	
19 TITLE		45 TITLE	☐ Change ☐ Addition
20 NAME		46 NAME	
21 STREET ADDRESS		47 STREET ADDRESS	
22 CITY ST ZIP		48 CITY ST ZIP	
23 TITLE		49 TITLE	☐ Change ☐ Addition
24 NAME		50 NAME	
25 STREET ADDRESS		51 STREET ADDRESS	
26 CITY ST ZIP		52 CITY ST ZIP	
27 TITLE		53 TITLE	☐ Change ☐ Addition
28 NAME		54 NAME	
29 STREET ADDRESS		55 STREET ADDRESS	
30 CITY ST ZIP		56 CITY ST ZIP	
31 TITLE		57 TITLE	☐ Change ☐ Addition
32 NAME		58 NAME	
33 STREET ADDRESS		59 STREET ADDRESS	
34 CITY ST ZIP		60 CITY ST ZIP	
35 TITLE		61 TITLE	☐ Change ☐ Addition
36 NAME		62 NAME	
37 STREET ADDRESS		63 STREET ADDRESS	
38 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*) or in an attachment with an asterisk.

SIGNATURE: Gary Lee Nally Gary Lee Nally, President 5/16/95 407-339-5535

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED ABOVE (Date) (Daytime Phone #)

0035602 CP