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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H12955

## FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90053 008 \*\*\*150.00

	n Name						
DELUCA	TILE INC.						
Principal Place	e of Business	Mailing Address	•		1 1881811 8181 (1848 )1818 (818) 8141 8141	41811 61811 61811	
1126 NORTH A	TLANTIC DRIVE	1126 NORTH ATLANTIC D	RIVE				
LANTANA FL 33462 LANTANA FL 33462				DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qualifed	0 01 1.02	
					08/01/1984		-
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	T A	pplied For
<b>⊢</b>	ide of business	26			59-1783704	l N	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc-				\$8.75	Additional
22	•	27			5. Certifcate of Status Desired	Fee R	tequired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	itry	8. This corporation owes the current year Ir		<b>W</b>
24	25	29	30		Personal Property Tax.	Yes	No
<b></b>	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Registered	a Agent	
	LICA OLINDO			1			
DELUCA, OLINDO				82 Street Add	Iress (P.O. Box Number is Not Acceptable)	•	
1126 NORTH ATLANTIC DRIVE LANTANA FL 33462				83			
LAN	TANA FE 33402			83			
	- un			84 City	F	85 Zip	Code
		0 1 007 4500 Florida Clat	itaa tha al				s registered
l office or r	registered agent or both in the State (	ot Florida, Such change was :	aumorizea	ny tne comporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the support of th	ointment as r	egistered
agent. I a	nm familiar with, and accept the obligat	tions of, Section 607.0505, Fl	orida Statu	tes.			
SIGNATURE		(NOT	'E: Bagistaged	Agent signature requir	red when reinstating) DATE		
12.	Signature, typed or printed name of registered agen	statio due it applicable. (1401	r. Hadistaran	Agent aignotore requir			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12
TITLE		D DIRECTORS	13. 1.1 TI	LE	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	
TITLE	PĐ		_		ADDITIONS/CHANGES TO OFFICERS A		
NAME	PD DELUCA, OLINDO		1.1 TΠ 1.2 NA		ADDITIONS/CHANGES TO OFFICERS A		
NAME STREET ADDRESS	PD DELUCA, OLINDO 1126 NORTH ATLANTIC DR.		1.1 TT 1.2 NA 1.3 ST	ME REET ADORESS	ADDITIONS/CHANGES TO OFFICERS A		
NAME	PD DELUCA, OLINDO 1126 NORTH ATLANTIC DR. LANTANA FL		1.1 TT 1.2 NA 1.3 ST	ME REET ADORESS Y-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A		e
NAME STREET ADDRESS CITY-ST-ZIP	PD DELUCA, OLINDO 1126 NORTH ATLANTIC DR. LANTANA FL D	☐ DELETE	1.1 TT 1.2 NA 1.3 ST 1.4 CF	ME REET ADORESS Y-ST-ZIP LE	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	e
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD DELUCA, OLINDO 1126 NORTH ATLANTIC DR. LANTANA FL D DELUCA, GLADYS	☐ DELETE	1.1 TTI 1.2 NA 1.3 ST 1.4 CF 2.1 TTI 2.2 NA	ME REET ADORESS Y-ST-ZIP LE	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	e
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD DELUCA, OLINDO 1126 NORTH ATLANTIC DR. LANTANA FL D DELUCA, GLADYS 1126 NORTH ATLANTIC DR. LANTANA FL T DELUCA, STEVEN 7215 159TH CT N PALM BCH GRONS FL V DELUCA, KENNETH 1126 N ATLANTIC DR LANTANA FL VP WILKERSON, JOHN	DELETE  DELETE	1.1 TITI 12 NA 1.3 ST 1.4 CT 2.1 TIT 22 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA 4.3 ST 4.4 CT 5.1 TIT 5.2 NA 5.3 ST	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		Change	Addition  Addition  Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELUCA, OLINDO 1126 NORTH ATLANTIC DR. LANTANA FL D DELUCA, GLADYS 1126 NORTH ATLANTIC DR. LANTANA FL T DELUCA, STEVEN 7215 159TH CT N PALM BCH GRONS FL V DELUCA, KENNETH 1126 N ATLANTIC DR LANTANA FL VP WILKERSON, JOHN 1126 NORTH ATLANTIC DRIVE	DELETE  DELETE	1.1 TITI 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 4.2 N. 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI 6.1 TT 6.2 NA	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		Change	Addition  Addition  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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-561-575-3877