FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

FILED Apr 29 1997 8:00am Secretary of State

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CUIVIEIN poration Name	· # H34942	
	ARABBI P. INIA	

ISLAND TILE & MARBLE, INC.

Principal Plac	e of Businoss	Mailing Address					IIDH DIBN 8 164		DISIL IDDI	
2418 8 HARBOR CITY BLVD. 2418 8 HARBOR CITY BLVD. MELBOURNE FL 32901 MELBOURNE FL 32901-5531										
·						3. Date Incorporated or Qualified 12/20/1984		of Last Re /1996	eport	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				59-2518011		·	t Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22 City & Stat		City & State						Fee Re		
23		28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	 	Country Zip Cou		ntry		8. This corporation has liability for intangible tax und			. 199.032,	
24	25 9. Name and Address of C	29	30				Yes			
LHPV		urrent negistered Agent		81	Name	10. Name and Address of New Reg	isterea Aç	jent		
	SCH, CLIFFORD G. OCEAN TERRACE				TABILITO					
	ALANTIC FL 32903			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
KID	MENTIN PE SENS			83	· · · · · · · · · · · · · · · · · · ·	······································				
				84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida State	utes, the ab	L	-named corp	oration submits this statement for the p	urpose of c	hanging it	s registered	
office or i	registered agent, or both, in the	State of Florida, Such change was obligations of, Section 607,0505, F	authorized	3 by	the corporati	on's board of directors. I hereby accep	t the appoi	ntment as	registered	
	an animal man, and accept the	obligations of, ecotion cov.scoo, r	ionida Olai	utos.						
SIGNATURE	Signature, typed or printed name of register	rod agent and tire if applicable (NC	PL Registarac	i Ager	nt signature require	ed when reinstating)	DATE			
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PD	L] DELETE	1.1 111	LE			L	Change	Addition	
NAME	HIRSCH, CLIFFORD G.		1.2 NA	ME						
STREET ADDRESS	116 OCEAN TERRACE INDIALANTIC FL				ADDRESS					
CITY-ST-ZIP	INDIALANTO FL	DELETE	14 CI		- 71º		·····	7 0	1 4422	
TITLE		L_ Detere	2 1 111				L	Change	Addition	
NAME			2.8 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE	2 4 CI 3 : TIT		1 - 71"			Change	Addition	
NAME			3 2 NA				L	_ 0.10.190	- Addition	
STREET ADDRESS					ADDRESS		÷			
CITY-ST-ZIP			3 4. CI		1					
THLE		DELETE	4 : 110				Γ	Change	Addition	
NAME			4. 2 N/	AME						
STREET ADDRESS			4.3 S1	REET A	ADDRESS					
CITY-ST-ZIP			4.4 CiT	TY-ST	- ZIP					
TITLE		DELETE	5.° TIT	LE			Ι	Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET A	ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CI		· ZIP			-		
TITLE		☐ DELETE	6.111				Ĺ	_ Change	Addition	
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	i		6.4.01	IY-ST	- 7IP					

I do hereby certify that the information supplied with this filling 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 the decompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if chapter, with an address.