FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J13410** **(2)**

1. Corporation Name
AMERICAN TILE SERVICES, INC.

Principal Place of Business
~~4980 S.W. 52ND ST. SUITE~~ 113
~~DAVIE FL 33314~~

Mailing Address
~~4980 S.W. 52ND ST. SUITE~~ 113
~~DAVIE FL 33314~~

AMER980* 333145227 1295 01/22/96
NOTIFY SENDER OF NEW ADDRESS
:AMERICAN TILE SERVICE
PO BOX 292648
DAVIE FL 33329-2648

BOTH AS ABOVE

24 | 25 | 29 | 30

3. Date Incorporated or Qualified: **05/08/1986**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **59-2664499** ☐ 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

O'KEEFE, PATRICK
6310 SHERMAN STREET
HOLLYWOOD FL 33024

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 *Patrick O'Keefe Pres.* DATE *1-29-96*

12. OFFICERS AND DIRECTORS

TITLE	PVT	☐ DELETE
NAME	O'KEEFE, PATRICK	
STREET ADDRESS	6310 SHERMAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DC	☐ DELETE
NAME	O'KEEFE, PATRICK	
STREET ADDRESS	6310 SHERMAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	☐ DELETE
NAME	MARCH, LURALE	
STREET ADDRESS	6310 SHERMAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: *Patrick O'Keefe Pres. PATRICK O'KEEFE PRES* — Date *1-29-96* — Daytime Phone # *[redacted]-954-791-9690*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)