


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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J13410 (2)
1. Corporation Name
AMERICAN TILE SERVICES, INC.

Principal Place of Business POST OFFICE BOX 292648 DAVIE FL 33329-2648 US	Mailing Address POST OFFICE BOX 292648 DAVIE FL 33329-2648 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1986	
21		26		4. FEI Number 59-2664499	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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 O'KEEFE, PATRICK			
				82 Street Address (P.O. Box Number is Not Acceptable) 6840 S.W. 20 STREET			
				83			
				84 City PLANTATION, FL 85 Zip Code 33317			

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* PATRICK O'KEEFE 1-7-98
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PVT <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME O'KEEFE, PATRICK				1.2 NAME			
STREET ADDRESS 6310 SHERMAN STREET				1.3 STREET ADDRESS 6840 S.W. 20 STREET			
CITY-ST-ZIP HOLLYWOOD FL				1.4 CITY-ST-ZIP PLANTATION, FL. 33317			
TITLE DC <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME O'KEEFE, PATRICK				2.2 NAME			
STREET ADDRESS 6310 SHERMAN STREET				2.3 STREET ADDRESS 6840 S.W. 20 STREET			
CITY-ST-ZIP HOLLYWOOD FL				2.4 CITY-ST-ZIP PLANTATION, FL. 33317			
TITLE S <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MARCH, LURALE				3.2 NAME			
STREET ADDRESS 6310 SHERMAN STREET				3.3 STREET ADDRESS 6840 S.W. 20 STREET			
CITY-ST-ZIP HOLLYWOOD FL				3.4 CITY-ST-ZIP PLANTATION, FL. 33317			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Patrick O'Keefe* PATRICK O'KEEFE 1-7-98 954791-9698

CR2E034 (10/97)