

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 6:20

DOCUMENT # J15619

(6)

1. Corporation Name

SUN COAST TILE COMPANY INC.

Principal Place of Business

% ANGELO DECAPUA
1103 RUSSEL DR
HIGHLAND BEACH FL 33487-4221

Mailing Address

% ANGELO DECAPUA
1103 RUSSEL DR
HIGHLAND BEACH FL 33487-4221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/15/1986

3a. Date of Last Report

04/05/1994

4. FBI Number

59-2678642

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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 3495 No. Dixie Highway

2a. Mailing Address

26 771 N.E. 33rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Boca Raton Florida

City & State

28 Boca Raton Florida

Zip

24 33431

Country

25 USA

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

DECAPUA, ANGELO
1103 RUSSEL DR
HIGHLAND BEACH FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

771 NE 33rd St

83

84 City

Boca Raton

FL

85

Zip Code

33431

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

Angelo Decapua Pres

Angelo Decapua

3/28/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
NAME
DECAPUA, ANGELO
STREET ADDRESS
1103 RUSSEL DR
CITY-ST-ZIP
HIGHLAND BEACH FL

TITLE

S
NAME
DECAPUA, HELENE
STREET ADDRESS
1103 RUSSELL DRIVE
CITY-ST-ZIP
HIGHLAND BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

771 NE 33rd St
Boca Raton, FL 33431

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

771 NE 33rd St.
Boca Raton FL 33431

3.1 NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Angelo Decapua

Angelo Decapua

3/28/95

407-368-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE