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

Mailing Address

7242 DARLINGTON ST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90002 037 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J66401

Principal Place of Business 7242 DARLINGTON ST

SIGNATURE:

G AND R CERAMIC TILE INC.

ENGLEWOOD FL 34224 US		US			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 04/10/1987				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	•		App	lied For
21		26			59-3302473			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			75 Ac	ditional
22		27							·
City & State	e .	City & State	. ميد.ت		6. Election Campaign Financing Trust Fund Contribution			.00 M	fay Be Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the curre	nt year Inta	ngible		-
24	25	29	30		Personal Property Tax.		☐ Yes	. []No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered	Agent		
				81 Name					
	in, John Mark		-	82 Street Add	ress (P.O. Box Number is Not Acceptate	le)			
7242 DARLINGTON ST				50 Street Add	iless (F.O. Box Number is Not Acceptat	no,			
ENG	LEWOOD FL 34224		1	83					
			·	24 00	4.00		11	Zip C	odo.
			1	84 City		FL	85	Zip C	ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thonzed	by the corporati	poration submits this statement for the pion's board of directors. I hereby accept	urpose of the appoi	changi ntment	ng its r as reg	egistered istered
SIGNATURE						DATE			
	Signature, typed or printed name of registered age			gent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		D DIBI	CTOE	2S IN 12
12.		ID DIRECTORS	13.	- T	ADDITIONS/CHANGES TO CIT	IOLINO AIT	[]Ch		Addition
TITLE	D CODIN IOUN MADIC								
NAME ·	GODIN, JOHN MARK		1.2 NAM	3					
STREET ADDRESS	7242 DARLINGTON ST			EET ADDRESS					
CITY-ST-ZIP	ENGLEWOOD FL	☐ DELETE		r-ST-ZIP	- · · · · · · · · · · · · · · · · · · ·		□ Ch	anne	Addition
TITLE	•	☐ DELETE	2.1 TITL		•			ungo	
NAME			2.2 NAM						
STREET ADDRESS			2.3 STR	REET ADDRESS					
CITY-ST-ZIP			_	Y-ST-ZIP			77.01		- Addition
TITLE		☐ DELETE	3.1 TITL		. •	_	_ □ Ch	ange	Addition
NAME		3	3.2 NAM	AE .	-	-			
STREET ADDRESS			3.3 STR	EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL	Æ		•	Ch	ange	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET ADDRESS					
CITY-ST-ZIP			_	Y-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL				Ch	ange	☐ Addition
NAME			5.2 NAN						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL	.E			☐ Ch	ange	Addition Addition
NAME			6.2 NAN	AE					
STREET ADDRESS		•	6.3 STR	REET ADDRESS					
CITY-ST-ZIP			6.4 CITY	Y-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 a attachment with an address, with all other like empowered.