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

PROFIT CORPORATION **ANNUAL REPORT** 1998 **POCUMENT #**

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

J75781

(1)

SWEID TILE AND MARBLE, INC.

FILED Feb 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address % ALL SWEID % ALI SWEID 880 SW 18TH STREET BOCA RATON FL 33486-6907 880 SW NETH STREET BOCA HATON FL 33486-6937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1987 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 632 shor priv 632 5 Suil6, Apt. #, etc Not Applicable 59-2818444 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & Stale 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent Name SWEID. ALI-ABUDUL-HASSAN 880 SW 18TH STREET Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 obliquitions of, Section 607.0505, Florida Statutes. INOTE Hogistered Agent signature requ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DILETE 1.1 TITLE Change Addition TITLE NAME SWEID, ALI 1.2 NAME 2209 \$ CYPRESS BEND DR 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-S1-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP TITLE DE LETE 4.1 TITLE Change ■ Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE: 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

4. Thereby 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 13 if changed, or on an attachment with an address

SIGNATURE:

2-21-98