F COR ANNU	PROFIT CORPORATION ANNUAL REPORT 1996		TER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
1. Corporation		93081 TILE, INC.	(4)			
Principal Place C/O RODNE 2302 S.W. 53 CAPE CORAL	robinette Brd terrace	C, 23	ing Address /O RODNEY ROBINETT 302 S.W. 53RD TERRAG APE CORAL FL 33914			
					3. Date Incorporated or Qualified 09/14/1987	3a. Date of Last Report 04/14/1995
2. Principal Pla	ce of Business	2a. N 26	Mailing Address		4. FEI Number 65-0012270	Applied For Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	29	Zip	Gountry 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
	9. Name and Addres	s of Current Registe		81 Name	10. Name and Address of New i	
2302 S.A CAPE Co	ITE, RODNEY N. 53RD TERRACE ORAL FL 33914 the provisions of Section	ns 607.0502 and 607.	1508, Florida Statutes,	83 84 City	dress (P.O. Box Number is Not Acceptation and Acceptation submits this statement for the pu	FL 85 Zip Code
familiar witr	ed agent, or both, in the S n, and accept the obligation	tate of Florida. Such o ons of, Section 607.05	change was authorized 505, Florida Statutes.	by the corporation's bo	ard of directors. I hereby accept the app	xointment as registered agent. I am
	Signature, typed or printed name of	····		Registered Agent signature requi	ired when reinstatingi	DATE
12.	PD OF	FICERS AND DIRECTO	ORS DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME STHEET ADDRESS CITY-ST-ZIP	ROBINETTE, RODN 2302 S.W. 53RD TI CAPE CORAL FL		[] otten	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	STD ROBINETTE, JEAN 2302 S.W. 53RD TI CAPE CORAL FL	ERR.	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CFLY-ST-ZP FITLE NAME STREET ADDRESS	7-77-12 An Ant		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME			☐ DEŁETE	3.4 CITY - ST - ZIP 4. 1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS CITY-SI-ZIP TITLE NAME			☐ DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5. 1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TITLE 62 NAME		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this firing 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 eath, 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: X MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBINS 241 4-22-96 QUI-945-1568

64 CITY - ST - ZIP

63 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (12/95)