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Secretary of State

02-27-1999 90066 017 ***158.75

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J96996

1. Corporation Name

CLASSIC TILE & BATH INC.

Principal Place of Business

3620 SILVER STAR ROAD
 ORLANDO FL 32808-4626
 US

Mailing Address

3620 SILVER STAR ROAD
 ORLANDO FL 32808-4626
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1987

4. FEI Number

59-2846106

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4572 PALMETTO AVE

Suite, Apt. #, etc.

22 SUITE C

City & State

23 WINTER PARK, FL

Zip Country

24 32792 25 USA

2a. Mailing Address

26 4572 PALMETTO AVE

Suite, Apt. #, etc.

27 SUITE C

City & State

28 WINTER PARK, FL

Zip Country

29 32792 30 USA

9. Name and Address of Current Registered Agent

VINAS, ISRAEL
 7208 ALOMA AVENUE
 SUITE 500
 WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
VINAS, ISRAEL A.
82 Street Address (P.O. Box Number is Not Acceptable)
4572 PALMETTO AVE
83 SUITE C
84 City
WINTER PARK, FL
85 Zip Code
32792

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 **Israel A. Vinas, President** **1/28/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
 NAME **VINAS, ISRAEL**
 STREET ADDRESS **7208 ALOMA AVENUE, SUITE 500**
 CITY-ST-ZIP **ORLANDO FL 32792**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME **PD**
 1.3 STREET ADDRESS **VINAS, ISRAEL A.**
 1.4 CITY-ST-ZIP **4572 PALMETTO AVE, SUITE C**
WINTER PARK, FL 32792

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

SIGNATURE VINAS, ISRAEL A. PRES.

1/28/99 407-678-2261

Date

Daytime Phone #

CR2E034 (1/98)