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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996		DIVIDION	OF CORPORATION	UNS					
DOCU 1. Corporati	JMENT #	J98460	(5)							
	O TILE AND MARB	LE OF SOUTH F	LORIDA, INC	•	•					
Principal Plac	ce of Business									
	ATLANTIC BLVD.		ling Address			A TANDOM BUT IBIDI IB	(1) 91818 811	ist makt minit Mt	EII BABA	ALON BIBLI BIBLI
	O BEACH FL 33069		2101 W. ATLANTIC POMPANO BEACH US	BLVD. FL 33069		5				
2. Principal F	Place of Business					3. Date Incorporated or Ot 10/19/1987	ualified	3a. Date o	of Last 5/01/	
]	20011000	26	Mailing Address			4. FEI Number 65-0147134		·		Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Des			\$8.7	Not Applicat 5 Additional
City & Stat	le	27	City & State							Required
<u> </u>		28	ny a otato			6. Election Campaign Finar Trust Fund Contribution	ncing		\$5.0	00 мау Ве
Z _i ρ i]	Country 25	├, ⁻	lip .	Country		8. This corporation has liab	ility for in		Add:	ed to Fees
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			oo Agom	81	Name	10. Name and Address of	New Re	gistered Ag	ent	
	PETER C.			82	Chrost Add	/D O D D				
	W. ATLANTIC BLVD. PANO BCH FL 33069			L.I.	Street Addi	ress (P.O. Box Number is Not Ac	ceptable)		
r Owr	AND BUIL 13069			83						
				1 1	City		 -		85 Z	p Code
									-	P 0000
Pursuant to or register	to the provisions of Section	ns 607,0502 and 607.1	508, Florida Statute	es, the above-na	med corpor	ration submits this statement for			_Ļ_	
 Pursuant t or register familiar wit 	to the provisions of Section red agent, or both, in the S th, and accept the obligation	ns 607.0502 and 607.1 State of Florida. Such ch ons of, Section 607.050	508, Florida Statute nange was authorize 35, Florida Statutes	es, the above-na led by the corpor	med corpor ration's boar	ration submits this statement for rd of directors. I hereby accept the	the purpoin		ing its o	egistered office agent. I am
GNATURE _	and accept the boligation	ons of, Section 607.050	J5, Florida Statutes	s.		a second vinoroby accept to	the purpo ne appoin		ing its i gistered	egistered offic Lagent, Lam
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-25-96 (954)971-0992 Date Date Dayling Proce 1