FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1, Corporatio	MEN!# J9846 TILE AND MARBLE OF SO	` '			NAKA JUGA BUDU BADAK BADAK MBAK
Principal Plac	e of Business	Mailing Address	,		IIDII OTOTI OTOTI BIQII DIBILIODI
2101 W. ATLANTIC BLVD. POMPANO BEACH FL 33069 US		2101 W. ATLANTIC BLVD. POMPANO BEACH FL 33069 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
1				10/19/1987	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0147134	Not Applicable
Suite, Apt.	#, €IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zψ	Country	8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Curre	29	[30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
<u> </u>	INO, PETER C.		81 Name	10.	
2101 W. ATLANTIC BLVD.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
POMPANO BCH FL 33089				dress (F.O. DOX Number is Not Acceptable)	
			83		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607 056	02 and 607 1508. Florida Statu	ites, the above-named co		of changing its registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	pointment as registered
10	Signature, typod or printed name of registered ag	eul and tille il applicable (NC ID DIRECTORS	OTE: Registered Agent signature req	uired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.	PD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	PINO, PETER	-	1.2 NAME		_ • _ · ·
STREET ADDRESS	2101 W. ATLANTIC BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T perese	3.4. CITY-ST-ZIP		1 105
TITLE		☐ D£LETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Prietr	5.4 CITY - ST - ZIP		Change Addition
Į TITLE Į		☐ DELETE	6.1 TITLE 6.2 NAME		Change

14. 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY ST ZIP

**FILED** 

Mar 24 1998 8:00am

Secretary of State