

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Horan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 JAN 18 PH 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K23195** (6)

1. Corporation Name

**SIMPSON TILE CORPORATION**

Principal Place of Business

12175 SW 80TH ST  
MIAMI FL 33183

Mailing Address

12175 SW 80TH ST  
MIAMI FL 33183

2. Principal Place of Business

21 Suite, Apt. #, etc.

26 Mailing Address

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

**SIMPSON, GEORGE T.**  
12175 SW 80TH ST  
MIAMI FL 33183

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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**

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

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, GEORGE T.	1.2 NAME		
STREET ADDRESS	12175 SW 80TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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-01/19/95-01052-D15  
XXXXX200.00 XXXXX200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statute. 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 thereto.

**SIGNATURE:**

(Signature and typed or printed name of officer or director)

*Dickson*

1/5/95

DATE

(305)665-7155

CM