## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K2504

(0)

E. AGNEW TILE & MASONRY, INC.

Feb 11 1998 8:00am Secretary of State

**FILED** 

US DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/31/1988  2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied I  2. Principal Place of Business 2. Mailing Address 4. FEI Number Applied I  2. Not Applied I	
2. Principal Place of Business         2a. Mailing Address         4. FEI Number         Applied I           21         26         65-0068867         Not Appl	
<del>} + + + + + + + + + + + + + + + + + + +</del>	-or
	icable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required Fee Required	
City & State City & State 6. Election Campaign Financing \$5.00 May E	e
23 Trust Fund Contribution Added to Fee:	<u> </u>
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible	Э
24 25 29 30 Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  ACAICM, COMMADD A. 81 Name	
AGNET, EDITARD A.	
11300 N.W. 32ND PLACE 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33323	
83	
84 City	<del></del>
FL 6 2 2 1 City FL 6 2 1 City	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its regis 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	tered red
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
	ddition
NAME AGNEW, EDWARD A. 1.2 NAME	
STREET ADDRESS 6660 NW 21ST COURT 1.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE Change A	ddilion
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-S1-ZIP	T. Park
_	ddition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP   3.4. CITY-ST-ZIP   Change   TA	ddition
	ddition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS .	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         A	ddilion
	AMON
NAME 5.2 NAME STREET ADDRESS 5.3	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	dition
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         □ DELETE         61 TiTLE         □ Change         □ A	ddition
CITY-ST-ZIP 5.4 CITY-ST-ZIP	ddition

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 an attachment with an address.

SIGNATURE:

FOWARD AKN

DIRECTOR

2/5/98. (954) 748-0972