

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

FILED  
Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K39447 (3)  
1. Corporation Name  
CLASSIC CULTURED MARBLE, INC.

Principal Place of Business 8300 CURRENCY DR. RIVIERA BEACH FL 33404 US	Mailing Address 8300 CURRENCY DR. RIVIERA BEACH FL 33404-1721 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1988		3a. Date of Last Report 01/24/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0099122		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PATEL SAILESH 8300 CURRENCY DR. RIVIERA BEACH FL 33404				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, SAILESH	1.2 NAME	
STREET ADDRESS	1727 KELSO AVENUE 8584, 155th PL North.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL Palm Beach Gardens FL 33418	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, MAHESH	2.2 NAME	
STREET ADDRESS	1727 KELSO AVENUE 8670, 155th PL North.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL Palm Beach Gardens FL 33418	2.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, RAMANBHAI	3.2 NAME	
STREET ADDRESS	1727 KELSO AVENUE 8670, 155th PL North.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL Palm Beach Gardens FL 33418	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, RAMANBHAI	4.2 NAME	
STREET ADDRESS	1727 KELSO AVENUE 8670, 155th PL North.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL Palm Beach Gardens FL 33418	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

14. I do 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.

SIGNATURE:



4-1-97 561-848-4631

CR2E034 (9/96)