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03-25-1999 90065 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # K5911; PE CERAMIC TILE, INC.	3					
Principal Place	of Business	Mailing Address			-	Q1611 Q1011 T1911 D1	(B) (\$) \$1 (\$6
12310 SW 115TH AVE BELLEVIEW FL 34420 US		12310 SE 115 AVE BELLEVIEW FL 34420 US		DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed 01/17/1989		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-2972308	Not	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Desired \$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution Added to Fees		
Zip			Country		8. This corporation owes the current year I		
24	25	29 30	·		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
200	5 04 AD 0		81	Name			
POPE, DAVID R.			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
12310 SE 115 AVE							
BELL	EVIEW FL 34420		83				
-			84	City	·	85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.05	602 and 607 1508, Florida Statutes,	the above-	named corpo	ration submits this statement for the purpose o's board of directors. I hereby accept the app	of changing its	registered
office or re	egistered agent, or both, in the State n familiar with, and accept the oblig	e of Florida. Such change was auth pations of, Section 607.0505, Florida	onzed by in a Statutes.	e corporation	is board of directors. I hereby accept the app	mument as reg	Jistereu
SIGNATURE	Signature, typed or printed name of registered ag			ignature required	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	POPE, DAVID R.		1.2 NAME				
STREET ADDRESS	12310 SE 115 AVE		1.3 STREET A	DDRESS			
CTTY+ST+ZIP	BELLEVIEW FL		1.4 CITY-ST-2	ZIP			
TITLE	VST	☐ DELETE	2.1 TITLE			Change	Addition
NAME	POPE, SYLVIA J.	2.2 N			•		ļ
STREET ADDRESS	12310 SE 115 AVE		23 STREET A	DDRESS			}
CiTY-ST-ZIP	BELLEVIEW FL	ment and a second of the	2.4 CITY-ST-	ZIP -		- 6	
TITLE	D.	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	POPE, SYLVIA J		3.2 NAME				
STREET ADDRESS	12310 SE 155 AVE		3.3 STREET A	DDRESS			
CITY-ST-ZIP	Belleview FL		3.4. CITY- ST-	ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition (
NAME			4. 2 NAME				Į
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP			4.4 CITY-ST-2	ZIP			
TITLE		☐ DELETE	5.1 TITLE]		☐ Change	☐ Addition
NAME			5.2 NAME	-	•		
STREET ADDRESS			5.3 STREET A	DORESS			
CITY-ST-ZIP			5.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	6.1 TITLE	l		Change	☐ Addition

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS