## · SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/87: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # K60032

(5)

CREATIVE TILE, INC.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Principal Place of Business Malling Address								a annen bein artif motte malle allte bit	is Arbii Aisii	. GIEN GIBN A	IEII OIDII IEBI	
4126-OLD-DIXIE HIGHWAY				1120 OLD BRIE HIGHWAY -								
VERO BEACH FL \$2980				VERO BEACH FL 32980				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified		ate of Last	Panort	$\neg$
								•	1		. *	ı
2. Principal F	lace of Business		2s, M	ailing Address				01/23/1989 4. FEI Number	T OR	/19/199		$\dashv$
	Old Dix		28 1136 Old Dixie			Hwv	65-0113814			Applied For Not Applicable	$\exists$	
Suite, Apt.			Suite, Apt. #, etc.							Additional	-	
22				27				5. Certificate of Status Desired			Required	
City & State				City & State				6. Election Campaign Financing			O May Be	$\dashv$
23				28				Trust Fund Contribution			to Fees	ŀ
Zip Country				Zep Country				8. This corporation owes or has pa	d the cur			ヿ
24	25			29 30			Personal Property Tax due June					
	g, Name and	Address of Curr	ent Registere	d Agent				10. Name and Address of New Re	glatered	Agent		1
AB	BATE, VINCENT	7				81	Name					
- 11	26 OLD DIXIE H	OGHWAY 11	36 01d	Dixie H	wv	82	Stroot A	ddress (P.O. Box N. B. L. N. A. Cox	<del>4 1 .</del>	22A	<del></del>	4
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						54	City		FL	<b>85</b> Zip	Code	1
11. Pursuant	to the provisions	of Sections 607.0	502 and 607.1	1508, Florida Statu	ies, the al	pove	-named c	orporation submits this statement for the p	urpose of	changing	its registered	廾
Office of a	registered agent, im familiar with, ei	or both, in the Sta nd accept the obli	te of Florida. 3 loations of, Se	Such change was ection 607.0505. Fi	authorize Iorida Stat	d by lutes	the corpo	orporation submits this statement for the pixation's board of directors. I horeby accept	t the app	ointment a	beretziger a	
SIGNATURE		•	•	_								- }
0.0.0.0.0.0	Signature, typed or prin	med name of registered a			TE Registere	d Age	ni signature re	equired when reinstaning)	DATE		<del></del>	1
12.	T 188	OFFICERS A	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			<b>□</b> [
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14. I do hereby callfy 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 eath; that I am an officer or director of the politheration 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 to trianged, or on an accompany management.

SIGNATURE:

\*\*Total Control of the politheration of th

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July 15, 1997

Division of Corporations Annual Reports Section P.O. Box 1500 Tallahasee, Fl. 32302-1500

> Re: 1997 Annual Report FEI #65-0113814

Gentlemen:

Pursuant to a telephone conversation I had with your department yesterday regarding the filing of our 1997 Annual Report, please be advised of the following facts:

- 1.) Back in September 1996 I wrote to you regarding a "Notice of Administrative Dissolution or Revacation" form to which I responded with a letter, a copy of which is enclosed. I also completed the 1996 Annual Report form, a copy of which I also enclosed. Please note that at the time I indicated our new mailing address was 1126 Old Dixie Highway. Since that time, the county has changed our address to 1136 Old Dixie Highway. Our physical location remained the same the number just changed. We never received the first filing form.
- 2.) Since I was new to Florida, I did not know when these forms were originally mailed out so I was unaware that I had not received it.

I am now enclosing the completed form with the original filing amount of \$165.00. I would appreciate it if you would waive the late filing fee under the circumstances. Please be assured that I have now placed a note on my calendar indicating when to expect the form to arrive in the mail and when it must be filed by.

Thank you in advance.

Very truly yours,

Creative Tile, Inc.

Connie Johnson, Bookkeeper

Enc.