PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K70768

1. Corporation Name

KEYSIC	ONE CULTURED MARBLE	, INC.			 		T/61) 61611 1661	
Principal Plan	ce of Business	Mailing Address						
					·			
2939 PINE TREE DRIVE								
US		US			DO NOT WRITE IN TH	IIS SPACE		
					Date Incorporated or Qualifed	,		7
					03/07/1989			
	Place of Business	2a. Mailing Address			4. FEI Number	Д	pplied For	
21 Suito Ant	#	26			59-2945375		lot Applicable] [
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional tequired	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible	".	1
24	25	29	30		Personal Property Tax.	☐ Yes	□No	ĺ
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registere	d Agent		1
EDIT	Z, ROBERT E.			81 Name				-
			ŀ	82 Street Add	dress (P.O. Box Number is Not Acceptable)	···		ĺ
2939 PINE TREE DR. EDGEWATER FL 32141			ļ					
EDG	EWATEN FL 32141			83		4	3.73]
•			ŀ	84 City		. 85 Zip	Code	ł
*					F			
office or r	to the provisions of Sections 607, registered agent, or both, in the St am familiar with, and accept the ob-	0502 and 607.1508, Florida Statu ate of Florida. Such change was a ligations of, Section 607.0505, Flo	tes, the ab authorized orida Statu	ove-named corporati by the corporati tes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its cointment as re	s registered egistered	
SIGNATURE								
O.O.W., OILL	Signature typed or printed name of registered	accept and title if applicable (NOT)	F. D				· ·	ĺ
	Signature, typed or printed name of registered OFFICERS			gent signature require		AND DIDECT		ِ ۋ
12.	OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS DELETE	13.		ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			9
12.	OFFICERS PTS	AND DIRECTORS	13.	E		AND DIRECTO	DRS IN 12	1000
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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 en towered 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 alachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

EGURED MING OFFICER OR DIRECTOR

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90048 031 ***150.00