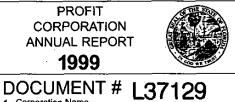
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90039 010 ***150.00

ANGELO	'S TILE & MARBLE, INC.							
Principal Place	e of Business .	Mailing Address				T JEBNI DE CITI TOBOLI ILIBIO LIBIO ILIBIO INCIDIO	inst mints mans	4) Otols Rinsi (no)
2712 DUNLIN RD 2712 DUNLIN RD DELRAY BEACH FL 33444 DELRAY BEACH FL 33444						DO NOT WRITE IN THIS	SPACE	
•						3. Date Incorporated or Qualifed		
						12/15/1989		ļ
2. Principal P	lace of Business	2a. Mailing Addres	s			4. FEI Number	A	Applied For
21		26				65-0165389	N	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.		_	5. Certifcate of Status Desired	,	Additional Required
City & State	e ·	City & State				6. Election Campaign Financing	\$5.00	0 May Be
23		28				Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Coi	untry		8. This corporation owes the current year Int	angible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Registered	Agent	
EIOE	DINI AMCELO ID			81	Name			
FIORINI, ANGELO, JR.				82	Street Add	fress (P.O. Box Number is Not Acceptable)		
2712 DUNLIN RD DELRAY BEACH FL 33444								
DEL	NAT BEACH FE 33444			83				1
				84	City	FL	85 Zip	Code
SIGNATURE	m familiar with, and accept the oblig	gent and title if applicable.	(NOTE: Registere	d Agent	signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	
12.	DP OFFICERS A	ND DIRECTORS	13.	TLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	
NAME				AME				- {
STREET ADDRESS	ATAO DINKINI DD				ADDRESS			
CITY-ST-ZIP	OF BAY BEACH FI			CITY-ST-	1			ĺ
TITLE				TITLE		,	Change	Addition
NAME	FIORINI, SHELLY		2.2 N	AME				
STREET ADDRESS	2712 DUNLIN RD.		2.3 S	TREET	ADDRESS	•		
CITY-ST-ZIP	DELRAY BEACH FL		2.40	CITY-ST	r-ZIP			
TITLE		☐ DEL		TITLE			Change	e Addition
NAME			3.2 N	AME		•		ļ
STREET ADDRESS			3.3 S	STREET	ADDRESS	•		ĺ
CITY-ST-ZIP			3.4. (CITY-ST	r-zip '			
TITLE		☐ DEL	ETE 411	TTLE			Change	a 🔲 Addition
NAME	•		4.21	NAME				
STREET ADDRESS			4.3 S	STREET	ADDRESS			1
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			CITY-ST-	-ZIP	<u> </u>		A data:
TITLE	·	□ D£r		TITLE			☐ Change	e 🔲 Addition l
NAME				AME	ADDRESS			
STREET ADDRESS					ADDRESS			Į
CITY-ST-ZIP		DEL		TITLE	-217	· · · · · · · · · · · · · · · · · · ·	Change	e
TITLE				AME			ےgu	
NAME .	•				ADDRESS			Į

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 at trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP