FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 PM 5:21
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L41333 (0)

1. Corporation Name
TILE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2139 UNIVERSITY DR. SUITE #192 CORAL SPRINGS FL 33071	2139 UNIVERSITY DR. SUITE #192 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1990
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business	2a. Mailing Address
21 6265 W. Sample Rd	26 6265 W. Sample Rd.
Suite, Apt #, etc: 22 #303 (Suite)	Suite, Apt #, etc: 27 Suite #303
City & State: 23 Coral Springs, FL	City & State: 28 Coral Springs, FL
Zip: 24 33067 Country: 25 USA	Zip: 29 33067 Country: 30 USA

4. FEI Number: 65-0182851 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORRIS, SHANAN D., 2139 UNIVERSITY DR. SUITE #192 CORAL SPRINGS FL 33071	81 Name: Morris, Shanan D., 82 Street Address (P.O. Box Number is Not Acceptable): 6265 W. Sample Rd 83 Suite #303 84 City: Coral Springs FL 85 Zip Code: 33067

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] DATE: 4/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVT	11 TITLE	DPVT ☒ Change ☐ Addition
NAME	MORRIS, SHANAN	12 NAME	SHANAN MORRIS
STREET ADDRESS	1799 W ATLANTIC BLVD	13 STREET ADDRESS	5772 NW 48TH DRIVE
CITY ST ZIP	POMPANO BEACH FL	14 CITY ST ZIP	CORAL SPRINGS, FL 33067-4000
TITLE	D	21 TITLE	* NO LONGER WITH THE COMPANY. NEEDS TO BE TAKEN OFF. * ☒ Change ☐ Addition
NAME	TOTH, JULIUS	22 NAME	
STREET ADDRESS	5974 NW 24 COURT	23 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Pres. — 4/10/95 — 3053458264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0114976 CP