

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra H. Mathiam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L41333** (0)
1. Corporation Name
TILE OF SOUTH FLORIDA, INC.

Principal Place of Business
**2139 UNIVERSITY DR.
SUITE #182
CORAL SPRINGS FL 33071**

Mailing Address
**2139 UNIVERSITY DR.
SUITE #182
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

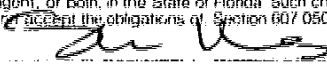
3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 04/15/1994
4. FEI Number 65-0182851	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 193 (13)? Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 6265 W. Sample Rd Suite Apt. # etc 22 #303 (Suite) City & State 23 CORAL SPRINGS, FL Zip 24 33067	2a. Mailing Address 26 6265 W. Sample Rd Suite Apt. # etc 27 Suite #303 City & State 28 CORAL SPRINGS, FL Zip 29 33067	30 USA
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9. Name and Address of Current Registered Agent
**MORRIS, SHANAN D.,
2139 UNIVERSITY DR.
SUITE #182
CORAL SPRINGS FL 33071**

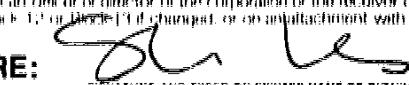
10. Name and Address of New Registered Agent 81 MORRIS, SHANAN D., 82 Street Address (P.O. Box Number is Not Acceptable) 6265 W. Sample Rd 83 Suite #303 84 City CORAL SPRINGS 85 FL 86 Zip Code 33067

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:  DATE: 4/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	DPVT MORRIS, SHANAN 1799 W ATLANTIC BLVD POMPANO BEACH FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	DPVT SHANAN MORRIS 5172 NW 48TH DRIVE CORAL SPRINGS, FL 33067-4000 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D TOTH, JULIUS 5974 NW 24 COURT SUNRISE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☒ NO LONGER WITH THE COMPANY. NEEDS TO BE TAKEN OFF. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 220, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: 4/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3053458264