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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthair

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L47192

(4)

D'ANGELO & SONS MARBLE WORKS, INC.

FILED Apr 11 1997 8:00am Secretary of State



Principal Place of Business C/O NAT D'ANGELO 2625 - 33RD AVE. NORTH ST. PETERSBURG FL 33713		C/O NAT D'/ 2625 - 33RD	Mailing Address C/O NAT D'ANGELO 2625 - 33RD AVE, NORTH ST. PETERSBURG FL 33713-2742			Date Incorporated or Qualified			
					,,,-,,-, -,-	01/29/1990	04/0	4/1996	3
	Prace of Business	2a. Mailing	Address			4. FEI Number			Applied For
21 26 Suite, Apt. #, etc. Suita, Apt. #			nt # nto	A -to		59-2991361			Not Applicable
22 Suite, Ap	i. #, eig.	27 Suite, A	pi#,ew.			5. Certificate of Status Desired			5 Additional Required
City & Str	ite	Crty & S	tate			6. Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip		Country	/	8. This corporation has liability for it			r s. 199.032,
24	25	29		30			Yes [
	9. Name and Address of Cur	rrent Registered Ag	ent	81	Name	10. Name and Address of New Re	Istered A	gent	
262	ungelo, nat 25 - 33rd ave. North Petersburg FL 33713		·	82	Street Add	fress (P.O. Box Number is Not Acceptab	6)		
				84	City	//	FL	85 Z	ip Code
off-de or agent I SIGNATURE	reg-stered agent or both, in the St am familiar with, and accept the ot	tate of Florida, Such oligations of, Section	change was a 607.0505, Fi	authorized b orida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acception	the appo	intment	g its registered as registered
12.	Signature, type if or printed name of registered	AND DIRECTORS	(NOT	Registered Ag	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	FRS AND	DIRECT	ORS IN 12
זוונו יבי	20 D.		DELETE	1.1 TITLE		7,55,75,75,75,75,75,75		Chang	
NAME:	D'ANGELO, NAT			1.2 NAME					
STREET ADDRESS	AAAF AAAB ALE AL			1.3 STREE	T ADDRESS				
CITY - ST - ZIP	ST. PETERSBURG FL			1.4 CITY-	ST-ZIP				
TITLE	\$10-PD		DELETE	21 TITLE				Chang	ge Addition
NAME	D'ANGELO, ANDRE			22 NAME					
STREET ADDRESS				2 3 STREE	T ADDRESS				
CITY- ST-7H	ST. PETERSBURG FL			2 4 CITY-	ST-ZIP			<u> </u>	
TITLE	t almorto atmioni	Į] DELETE	3.1 TITLE			İ	Chang	ge 🔲 Addition
NAME	D'ANGELO, ANTHONY			3.2 NAME					
STREET ADORESS	S 2625 33RD AVE. NORTH ST. PETERSBURG FL 33713	2.0740			T ADDRESS				
CHY-ST ZIP	OI. PETENODUNG PL 33/13		DELETE	3.4. City-	S1-ZIP			Chanc	e Addition
NAME				4. 2 NAME			'	A. 19711 F	,
STREET ADDRESS	:				T ADDRESS				
C(TY - ST - ZIP	? [4.3 STREE					
TILLE			DELETE	5.1 TITLE	Z1 A11			Chang	je 🔲 Addition
NAME		•		5.2 NAME				•	•
STREET ADDRESS	s l				T ADDRESS				
CITY-SI-ZIP				54 City-					
TITLE			DELETE	6.1 TITLE			***************************************	Chang	ge Addition
NAME				6.2 NAME	[
					1				
STREET ADDRESS	S				T ADDRESS				

14. I do hereby certily 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 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 AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-97

813-821-9897

Daytime Phone #