

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$750.)

FILED  
Sep 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McMan Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L51895 (5)</b> 1. Corporation Name <b>MARS' TROPICAL TILE, INC.</b>			
Principal Place of Business <del>2828 S MCCALL RD</del> ENGLEWOOD FL 34224		Mailing Address <del>2828 S MCCALL RD</del> ENGLEWOOD FL 34224	
2. Principal Place of Business 21 <b>1951 S. McCall Rd</b> Suite, Apt. #, etc. 22 <b># 580</b> City & State 23 <b>Englewood, FL</b> Zip 24 <b>34223</b>		2a. Mailing Address 26 <b>1951 S. McCall Rd</b> Suite, Apt. #, etc. 27 <b># 580</b> City & State 28 <b>Englewood, FL</b> Zip 29 <b>34223</b> Country 30 <b>Charlotte</b>	
3. Date Incorporated or Qualified <b>02/21/1990</b> 3a. Date of Last Report <b>08/13/1996</b>			
4. FEI Number <b>65-0181479</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>MARS, PATRICK</b> <del>2828 S MCCALL RD</del> <b>1951 S. McCall Rd</b> <b>ENGLEWOOD FL 34224 34223</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	MARS, PATRICK		
STREET ADDRESS	<del>2828 S MCCALL RD</del>		
CITY-ST-ZIP	ENGLEWOOD FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	MARS, ESTHER		
STREET ADDRESS	<del>2828 S MCCALL RD</del>		
CITY-ST-ZIP	ENGLEWOOD FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	TRIVISON, LAURA		
STREET ADDRESS	<del>2828 S MCCALL RD</del>		
CITY-ST-ZIP	ENGLEWOOD FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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]* 9-3-97 475-7919

CR2E034 (4/97)