4.28.98 B 5760 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51895

(5)

MARS' TROPICAL TILE, INC.

FILED Apr 28 1998 8:00am Secretary of State



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 a	m fa miliar with, and accept the obligation	ns of, Section 607.0505, Flo	orida Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent a	nd tille if applicable (NOT)	E: Registered Agent signature requir	ed when reinstating)	DATÉ		
12.	OFFICERS AND DIRECTORS		13.		TO OFFICERS AND DIRECTOR	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change	Addition	
NAME	MARS, PATRICK		1.2 NAME				
STREET ADDRESS	1951 S MCCALL RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY - ST - ZIP				
TITLE	VO	DELETE	2.1 TITLE		Change	Addition	
NAME [MARS, ESTHER		2.2 NAME				
STREET ADDRESS	1951 S MCCALL RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		2.4 CITY - ST - ZIP				
TITLE	8	DELETE	3.1 TITLE		Change	Addition	
NAME	TRIVISON, LAURA		3.2 NAME				
STREET ADDRESS	1951 S MCCALL RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL		3.4. CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		Change	☐ Addition	
NAME (5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CiTY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 corpolation 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:

Laura J Trivism