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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L53267

(5)

BR'S TILE & CARPET, INC.

FILED Jan 22 1997 8:00am Secretary of State

- 1 248 1281 281 91188 1118 1188 1189 2763 1881 21811 81811 91812 91812 21811 81811 91811 188			
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Principal Piace of Business Mailing Address				a samtster dan gelibu silen teath Distribut andir dibli gebri genet neftir feibli inde					
11328 OKEECHO SUITE 3		SUITE 3	11328 OKEECHOBEE BLVD. SUITE 3 ROYAL PALM BEACH FL 33411-8733			3. Date Incorporated or Qualified			
ROYAL PALM BE	EACH FL 33411	ROYAL PAL							
2. Principal Plac	ce of Business	2a. Mailing	Address			4. FEI Number 65-0174496			oplied For ot Applicable
Suite, Apt #,	elc		ot #, etc.			300114400			Additional
22	Chs.	27	J. 11, 6(6.			5. Certificate of Status Desir	ed 🔲		equired
City & State			City & State			6. Election Campaign Financing \$5.00 May 8			May Be
23		28				Trust Fund Contribution			to Fees
Ζιρ	Country	Zip		Country	/	8. This corporation has liabil	lity for intangib	le tax under s	. 199.032,
24	25	29	30			Florida Statutes	X Yes	□ No	
	9. Name and Address of Cu	rrent Registered Ag	ent			10. Name and Address of N	ew Registered	d Agent	
WHITI	e, C. Richard			81	Name				
11328	B OKEECHOBEE BOULEVAL	RD		82	Street Add	Iress (P.O. Box Number is Not Ac	centable)		
SUITE	3			"	Ottoot / Nac	TOOS (1 to Don Harrison is Not No	осршско,		
ROYA	L PALM BEACH FL 33411			83					
				84	C3.			Tarl 7:-	Carlo
				04	City		F	L 85 Zip	Code
SIGNATURE SI		ding in and title if applicable AND DIRECTORS		stered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN		
TITLE	DPST	I		1 TITLE		7,021,101,010,117,1020,10	0,1,102,107,1	Change	Addition
NAME	WHITE, C. RICHARD		1	2 NAME					
STREET ADDRESS	178 DOVE CIRCLE			.3 STREET	r address				
CITY - ST - ZIP	ROYAL PALM BCH FL 334	11		I.4 CHTY - S					
TITLE				1 TITLE		······································		Change	Addition
NAME			I :	.2 NAME				•	
STREET ADDRESS			1	.3 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	e e e			
TITLE				1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS			1:	3.3 STREE	T ADDRESS				
CITY ST ZIP			1:	3.4. CITY-	ST-ZIP				
TITLE	NO N			L1 TITLE				Change	Addition
NAME				. 2 NAME	·				
STREET ADDRESS			1.	4.3 STREE	T ADDRESS				
CITY-S1-2IP				1.4 CITY-1	ST - 21P				
TITLE				1 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS			1	3 STREE	T ADDRESS				
CITY - ST - ZIP				5.4 CITY-:	ST-ZIP				
THILE		, , , , , , , , , , , , , , , , , , ,		1 TITLE				Change	Addition
NAME			Į.	5.2 NAME					
STREET ADDRESS			.	63 STREE	T ADDRESS				
CITY - ST - ZIP				64 CITY - :	1				

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 they ecciver 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 in the light of the corporation or or an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.13.47 561.796.251