

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Martin
Secretary of State
Tallahassee, Florida 32304-0001

APPROVED
AND
FILED

DOCUMENT # L55187

(3)

MAY 10 AM 10:35

P.C. & S. TILE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEARCHED INDEXED

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MAY 10 1995

951 OLD DIXIE HWY. A5
VERO BEACH FL 32960

951 OLD DIXIE HWY. A5
VERO BEACH FL 32960

21. Principal Office Address
5070 N Highway A1A
Suite Apt. # 000

28. Mailing Address

26. 5070 N Highway A1A
Suite Apt. # 000

22. City & State
23. Vero Beach, FL

29. City & State

28. Vero Beach, FL

24. Zip Code
32963

29. Zip Code

30. USA

30. USA

9. Name and Address of Current Registered Agent

STRUVE, PAUL C.
3245 62ND COURT
VERO BEACH FL 32966

81. Name

82. Street Address / P.O. Box Number, Not Acceptable

83.

84.

FL 85. Zip Code

11. Pursuant to the provisions of Sections 600.07 and 609.1508, 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 requirements of Section 607.0008, Florida Statutes.

SIGNATURE

STRUVE, PAUL C. (Type or Print Name of Signing Officer or Director)

(Signature of Signing Officer or Director)

AM

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)	
PD NAME 3245 62ND COURT VERO BEACH FL	4.1 TITLE 4.2 NAME 4.3 1985 ADDRESS 4.4 1985 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME 3245 62ND COURT VERO BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME 3245 62ND COURT VERO BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME 12 VISTA PALM LANE, #203 VERO BEACH FL	4.1 TITLE 4.2 NAME 4.3 1985 ADDRESS 4.4 1985 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.1 TITLE 4.2 NAME 4.3 1985 ADDRESS 4.4 1985 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.1 TITLE 4.2 NAME 4.3 1985 ADDRESS 4.4 1985 ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, and that for the exception(s) stated in Section 609.1508, Florida Statutes, I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if handwritten, that I am an officer or director of this corporation or the officer or director empowered to execute the report as required by Chapter 607, Florida Statutes, and that my title appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.
SIGNATURE: <i>Paul C. Struve</i>
BIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95

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CP