

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

6/25

045681

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # L61289  
 1. Corporation Name  
 WORLD OF STONE, INC.

*Amended*

99 OCT -1 AM 11:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 4392-1 CORPORATE SQUARE BLVD  
 NAPLES FL 34104  
 US

Mailing Address  
 4392-1 CORPORATE SQUARE BLVD  
 NAPLES FL 34104  
 US

2. Principal Place of Business  
 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip  
 24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified  
 03/30/1990

4. FEI Number  
 65-0189223

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

9. Name and Address of Current Registered Agent  
 PANLICH, JOHN III  
 3401 MIAMI TRAIL NORTH  
 SUITE 207  
 NAPLES FL 33940

10. Name and Address of New Registered Agent  
 81 Name Vincent Scire  
 82 Street Address (P.O. Box Number is Not Acceptable) 4392 Corporate Square  
 83 City Naples, FL  
 84 City Naples, FL 85 Zip Code 34104

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 *Vincent Scire* DATE 9/10/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL, JAMES A	
STREET ADDRESS	4392-A CORPORATE SQ BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL, MAURICE W	
STREET ADDRESS	4392-A CORPORATE SQ BLVD	
CITY-ST-ZIP	NAPLES 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	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vincent Scire	
1.3 STREET ADDRESS	4392 Corporate Sq.	
1.4 CITY-ST-ZIP	Naples, FL 34104	
2.1 TITLE	VP, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stephen Scire	
2.3 STREET ADDRESS	4392 Corporate Sq	
2.4 CITY-ST-ZIP	Naples, FL 34104	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Vincent Scire* *Robert* DATE: 9/10/99 941-6437067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)