FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L90157** **(3)**

1. Corporate Name

CRYSTAL TILE & MARBLE DESIGNS, INC.

Principal Place of Business	Mailing Address
12189 US HWY ONE SUITE 45 NORTH PALM BEACH FL 33408	12189 US HWY ONE SUITE 45 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/31/1990**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. # or Rt. (22) / Suite, Apt. # or Rt. (27)
City & State (23) / City & State (28)
Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: **65-0221614** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECKERMAN, DAVID M. 5355 TOWN CENTER ROAD, SUITE 901 BOCA RATON FL 33486	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.1203 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: _____ DATE _____

12. OFFICER(S) AND DIRECTOR(S)	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: OLSON, LISA STREET ADDRESS: 12189 US HWY ONE, #45 CITY, ST, ZIP: N. PALM BEACH FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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14. I/We hereby certify that the information supplied with this report is absolutely true and correct and 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 with an asterisk (*) or, if not, is typed below with an address.

SIGNATURE: David M Olson Lisa M Olson 4/12/95 407 624-5140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Telephone #

0247004 CP