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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

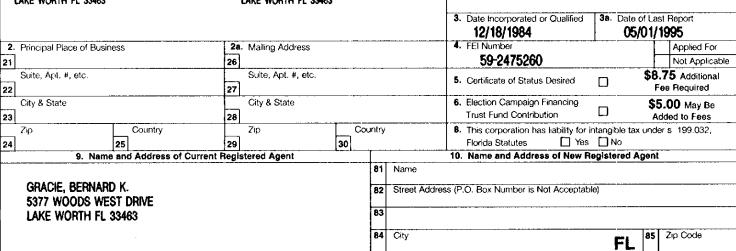
DOCUMENT #

CLASSIC TILE & MARBLE INC.

Principal Place of Business Mailing Address

5377 WOODS WEST DRIVE LAKE WORTH FL 33463

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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	Demu	V
ı		Signature, typed or printed name	of registered as

4125196

waev (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition □ DELÉTE THILF 1. 1 TITLE GRACIE, BERNARD K. 1.2 NAME NAME 5377 WOODS WEST DRIVE 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 14 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 2 1 TITLE THEE GRACIE, ANN 22 NAME NAME 5377 WOOD WEST DR. STREET ADDRESS 23 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 24 CITY-ST-ZIP IP Gracie Bernord M. DELETE 3 1 TITLE 1505 18th Ave N. GRACIE, BERNARD M 32 NAME NAME 1208 LAKE GENEVA DR 3.3. STREET ADDRESS Lake Worth FL. 33460 STREET ADDRESS LAKE WORTH FL 3.4 CITY-ST-ZIP CITY - ST - ZIP Paul R. Gracie DELETE Change 4. 1 TITLE THILE 5377 Woods West DR. NAME 4.3 STREET ADDRESS STREET ADDRESS Lake Worth, FC. 33463 4.4 CITY - ST - ZIP 011Y-ST-7IP DELETE ☐ Change ☐ Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; that I am an officer of irrector 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 B 13 if changed, or on an attachment with an address

SIGNATURE:

407-641-6900

CR2E034