

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90155 046 ***150.00

DOCUMENT # M33171

Corporation Name
B & D CERAMICS, INC.

Principal Place of Business
NW 29TH STREET
FT. LAUDERDALE FL 33311

Mailing Address
1858 NW 29TH STREET
FT. LAUDERDALE FL 33311
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/05/1986	
4. FEI Number 59-2681991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 1461 SW 30th AVE. Suite, Apt. #, etc. BAY #10 City & State POMPANO BEACH, FL. Zip 33069	Country 25 BROWARD	2a. Mailing Address 26 1461 SW 30th AVE. Suite, Apt. #, etc. BAY #10 City & State POMPANO BEACH, FL. Zip 33069	Country 30 BROWARD
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9. Name and Address of Current Registered Agent

LACIVITA, DAVID
1858 NW 29TH STREET
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1461 SW 30th AVENUE, BAY #10
83
84 City POMPANO BEACH
85 Zip Code FL 33069

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

XX Change ☐ Addition

XX Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

D	<input type="checkbox"/> DELETE
LACIVITA, DAVID	
1860 NW 29TH STREET	
FT. LAUDERDALE FL	
DP	<input type="checkbox"/> DELETE
LACIVITA, BARBARA SMITH	
1860 NW 29TH STREET	
FT. LAUDERDALE FL	
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	1461 SW 30th AVE., BAY #10
1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33069
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	1461 SW 30th AVENUE, BAY #10
2.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33069
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

DAVID LACIVITA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)975-3707

Date

Daytime Phone #

CR2E034 (11/98)