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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

\$750-CAMINO DEL SOL



FLORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

**FILED** 

May 16 1997 8:00am

Secretary of State

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001593 (1)

MAJESTIC MARBLE RESTORATION, INC.

Muin	MI PR 33156 SAME					1			1/1996	
	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	T	plied For	
1		26				65-0375703		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>88.75</b> A Fee Re	Additiona! louired	
City & State	9	City & State				6. Election Campaign Financing	<del></del>	\$5.00	···	
3		28				Trust Fund Contribution		Added t		
Zip	Country	Zip	Cc	untry		8. This corporation has liability for in	ntangible tax	cunder s.	199.032,	
4	25 USA	29	30			Florida Statutes	Yes 🔲 I	No		
	g. Name and Address of Current	Registered Agent		81		10. Name and Address of New Reg	lstered Age	ent		
-TERPSTRA, ROBERT L					Name ,					
6750 CAMINO DEL SOL					Street Address (P.O. Box Number is Not Acceptable)					
Same as above.							····			
B00	A-PATON FT 33433			83						
				84	City		FL	<b>35</b> Zip (	Code	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was	authoriz	ed by	the corporation	oration submits this statement for the properties of directors. I hereby accept	urpose of ch	langing its	s registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and tillo if applicable. (NO	11 - Register	od Age	nt signaturo require	d when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 12	
TITLE	D	DELETE	1.1	TITLE			Ī_	Change	Addition	
NAME	TERPSTRA, ROBERT L		1.2	NAME						
STREET ADDRESS	5750 CAMINO DEL SOL, #300 BOCA RATON FL 33433	2016-0	13	STREFT	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433	·	1.4	DITY-SI	1-ZIP					
TITLE		<b>□</b> DELETE	21	HTLE				Change	Addition	
VAME			22	NAME						
STREET ADDRESS			2.3	STREET	ADDRESS					
CITY-ST-ZIP				CITY - S	T-ZIP		<del></del>	1	1	
TITLE		☐ DELETE		MLE			L	J Change	Addition	
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		T OF USAL		CITY-S	I - 7IP		<del></del>	Change	Ladding	
ITLE		☐ DELETE		HILE			ــــا	J Change	Addition	
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE	_	DITY-ST TITLE	1 - ZIF			Change	Addition	
NAME		>cc.,c		NAME			<u></u>	, change		
STREET ADORESS			1		ADDRESS					
				ONY-SI						
DITY-ST-ZIP DITLE		DELETE		HTLE	1-611		<del>_</del>	Change	☐ Addition	
NAME				NAME	ļ					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				DITY-SI	1					
14. I do heret	ov certify that the information supplied	with this filing does not qual				in Section 119.07(3)(i). Florida Statutes	i. I further of	ertify that	the	
informatio I am an of appears in	n Indicated on this the report of su ficer or director of the obsporation of the n Block 12 or Block to it changed or o	polemental annual report is le receiver or trustee empor on an attachment with an ad	true and wered to dress.	execu	rate and that rule this report	in Section 119.07(3)(i), Florida Statutes my signature shall have the same logal as required by Chapter 607, Florida St	effect as if in alutes; and	made und that my n	der oath; tha ame	