

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000004390 (9)

1. Corporation Name
BERMEL TILE, INC.

Principal Place of Business
140 TOMAHAWK #22
INDIAN HARBOR BEACH FL 32937

Mailing Address
P O BOX 034061
INDIANLANTIC FL 32903-0961

3. Date Incorporated or Qualified
01/13/1993
3a. Date of Last Report
05/14/1996

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

4. FEI Number
59-3042372
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
BERMEL, JAMES E
140 TOMAHAWK #22
INDIAN HARBOR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reissuing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|--|
| TITLE | 11 TITLE | | |
| NAME | 12 NAME | | |
| STREET ADDRESS | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | 14 CITY-ST-ZIP | | |
| TITLE | 21 TITLE | | |
| NAME | 22 NAME | | |
| STREET ADDRESS | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | 24 CITY-ST-ZIP | | |
| TITLE | 31 TITLE | | |
| NAME | 32 NAME | | |
| STREET ADDRESS | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | 34 CITY-ST-ZIP | | |
| TITLE | 41 TITLE | | |
| NAME | 42 NAME | | |
| STREET ADDRESS | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | 44 CITY-ST-ZIP | | |
| TITLE | 51 TITLE | | |
| NAME | 52 NAME | | |
| STREET ADDRESS | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | 54 CITY-ST-ZIP | | |
| TITLE | 61 TITLE | | |
| NAME | 62 NAME | | |
| STREET ADDRESS | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE: [Signature] 4-26-97 (4-27-97) 984-5220

CR2E034 (9/96)