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

PROFIT CORPORATION ANNUAL REPORT 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9300004994 (8)

ACURA TILE & MARBLE, INC.

Principal Place of Business Mailing Address

3352 GREENDALE AVENUE 3352 GREENDALE AVENUE

FILED Jun 06 1997 8:00am Secretary of State



DELYONA FL S2738 US		DELTONA FL 32738-1202						
		US			Date Incorporated or Qualified 01/14/1993	1	e of Last Ri 8/1996	eport
2. Principal P	lace of Business	26. Mailing Address			4. FEI Number			oplied For
21		26	26		65-0383808		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Countr	У	8. This corporation has liability for i	intangible t	ax under s	199.032
24	25	29	30		Florida Statutes] Yes 🔲	No	
	9. Name and Address of	of Current Registered Agent			10. Name and Address of New Re	gistered A	gent	
G00	DWIN, BILL		81	Name				
	NW 38TH DR		82	Street Add	dross (P.O. Box Number is Not Acceptab	ote)		
COR	IAL SPRINGS FL 33065							
			83	3				
	1 ¹ 1.		84	City		FL	85 Zip (Code
44 6		007.0000	dan dha alan		and the state of t		honoina il	lo registered
office or r	registered agent or both in a	s 607,0502 and 607,1508, Florida Statu the State of Florida. Such change was the obligations of, Section 607,0505, Fl	authorized h	ov the corpora	poration submits this statement for the patient's board of directors. I hereby acceptions	ot the appoi	intment as	registered
SIGNATURE		Chick and an extend of the University of the Chick and the University of the Chick and	Tr. Danistand A	and signed up and	ukad when reinstating)	DATE		
12.	Signature, typed or printed name of re	CERS AND DIRECTORS	13.	Jen: signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	V	DELETE	1.1 TITLE				Change	Addition
NAME	GOODWIN, JEFF	—	1.2 NAME					
STREET ADDRESS	1300 E. RIVER DR.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MARGATE FL		1.4 CITY-					
TITLE	D	DELETE	2.1 TITLE	<u>** ***</u>		1	Change	Addition
NAME	GOODWIN, JACK		2.2 NAME					
STREET ADDRESS	3007 N.W. 5TH TERR.		2.3 STREE	T ADDRESS		*,		
CITY-ST-ZIP	POMPANO BCH. FL	·	2. 4 CITY	- ST - ZIP				
TALE	8	☐ DELETE	3.1 TITLE				Change	Addition
NAME	GOODWIN, PHYLLIS		3.2 NAME					
STREET ADDRESS	8696 N.W. 38TH DR.		3.3 STREE	et address				
CITY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY	- S1 - Z/P				
TITLE	T	☐ DELETE	4.1 TITLE				Change	Addition
NAME	GOODWIN, BARBARA		4. 2 NAM	E				
STREET ADDRESS	4384 NW 9TH AVE., BI	LDG. 2-D	4.3 STREE	T ADDRESS				
CITY-ST-ZIP	POMPANO BCH. FL		4.4 CITY-	SI-ZIP				
TITLE	P	☐ DELETE	5.1 TITLE			T	Change	Addition
NAME	GOODWIN, BILL K		5.2 NAME					
STREET ADDRESS	8696 NW 38TH DR.		5.3 STREE	ET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CHY-	ST-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY-ST-ZIP		<u>.</u>	6.4 CITY	ST-ZIP				
					11 0 11 140 07(0)(1) Et 11 Dt 1	1.6		

I do 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.