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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

The state of the s



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300004994 (8)

**ACURA TILE & MARBLE, INC.** 

Principal Place of Business Mailing Address 3352 GREENDALE AVENUE 3352 GREENDALE AVENUE **DELTONA FL 32738 DELTONA FL 32738** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 65-0383808 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name goodwin, bili 3352 GREENDALE AVE 8696 NW 38TH DR Street Address (P.O. Box Number is Not Acceptable) DELTONA FI.32738 Coral Springs FL 33065 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typied or prioted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	DELETE	1.1 TITLE	1734 1 AOCTO DO MAChange	Addition
NAME	GOODWIN, JEFF		1.2 NAME	MAT CARBOO UZ.	
STREET ADDRESS	1300 E. RIVER DR.		1.3 STREET ADDRESS	Deltona, Fl. 32738	
CITY-ST-ZIP	MARGATE FL		1.4 CHY-ST-ZIP		
TITLE	D	DELETE	2 1 TITLE	☐ Change	Addition
NAME	GOODWIN, JACK		2.2 NAME		
STREET ADDRESS	<b>30</b> 07 N.W. 5TH TERR.		23 STHEET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		2 4 CiTY-ST-ZIP		
TITLE	8	DELETE	3 1 TITLE	<b>★</b> Change	☐ Addition
NAME	GOODWIN, PHYLLIS		32 NAME	3352 GREENDALE AVE	-
STREET ADDRESS	8896 N.W. 38TH DR.		3.3 STREET ADDRESS	-	
CITY-ST-ZIP	CORAL SPRINGS FL		3 4. CITY - ST - ZIP	DELTONA FIL. 32T38	
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME	Goodwin, Barbara		4. 2 NAME		
STREET ADDRESS	4384 NW 9TH AVE., BLDG. 2-D		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		4 4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	51 TITLE	Change	Addition
NAME	<b>GOODWIN, BILL K</b>		5.2 NAME	3352 GREENDAID AVE DELTONA FIA. 32738	
STREET ADDRESS	8696 NW 38TH DR.		5.3 STREET ADDRESS	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
CITY-ST-ZIP	CORAL SPRINGS FL		5 4 CITY-ST-ZIP		
TITLE		□ DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. 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 oals; 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.

11/1/190

**FILED** 

Apr 27 1998 8:00am

Secretary of State