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

Mailing Address

16262 NW FIRST

PEMBROKE PINES FL 33028-1101

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

16262 NW FIRST

PEMBROKE FL 33028



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300005044 (1)

## FLORIDA STATE TILE & MARBLE, INC.

appears in Block 12 or Block 13 if cha

3. Date Incorporated or Qualified 3a. Date of Last Report 01/14/1993 06/13/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0396025 Not Applicable 26 21 Suitc, Apl. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country 260 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 ·Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ODUM, LARRY **16262 NW FIRST** Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33028 83 84 City Zip Code 85 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. Signatine, typical or printed name of registered agent and toe it applicable INOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. Change Addition DELETE THUE 1.1 TITLE ODUM, LARRY NAME 1.2 NAME CR2E034 **16262 NW FIRST** STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 1.4 CITY-ST-ZIP DELETE Addition ☐ Change 21 TITLE TITLE NAM 22 NAME 2.3 STREET ADDRESS STREET ADDRESS City - ST- 7IP 2. 4 CITY - ST - ZIP DELETE Change Addition 10.0 3.1 TITLE NAME: 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition Tilkf 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY ST ZIF 4 4 CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP COLY - ST - ZIP DELETE Change Addition 6.1 TITLE TIRE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST ZIF

14. If 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

an attachment with an address.