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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300007782

D & S TILE WITH STYLE, INC.

Principal Place of Business	Mailing Address			
729 NE 17TH WAY	1729 NE 17TH WAY			
T LALINERDALE EL 33305	FT LAUDERDALE FL 33309			

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90156 044 ***150.00



1729 NE 17TH V FT LAUDERDALE US		1729 NE 17TH WAY FT LAUDERDALE FL 33305 US			DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualifed 01/26/1993	CE			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For		
21 425	5 NE 74 AVE	26 4255 NE _	14 /	77E		1	t Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		_	5. Certifcate of Status Desired	8.75 A Fee Re	Additional equired		
City & State	LAND PARK, FL	City & State 28 OAKLAND P	ARK	FL		5.00 Added t	May Be to Fees		
Zip 24 333	Country	zip 29 33334 30	Country U.	S.	8. This corporation owes the current year Intangit Personal Property Tax.	/es	□No		
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Ager	ıt			
			81	Name)				
BARTEK, STEVEN R 1729 NE 17TH WAY			82	82 Street Address (P.O. Box Number is Not Acceptable)					
FT. L	AUDERDALE FL 33305		83		•				
			84	City	FL	¿ 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent a	nd trile if applicable. (NOTE: Reg	istered Agen	t signature	e required when reinstating) DATE				
12.	OFFICERS AND		13.		, ADDITIONS/CHANGES TO OFFICERS AND D	RECTO	DRS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		P/D	Change	☐ Addition		
NAME	BARTEK, STEVEN R		1.2 NAME		BARTEK, STEVEN R		1		
STREET ADORESS	1712 NE 17TH WAY		1.3 STREET	ADDRESS	S 1729 NE 17TH WAY)		
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		1.4 CITY-ST	Γ-ZIP	FT LAUDERDALE, FL 3330				
TITLE		☐ DELETE	2.1 TITLE		V/T/5	Change	Addition		
NAME			2.2 NAME		BARTEK KAROLINA M				
STREET ADDRESS			2.3 STREET	ADDRESS	s 1729 NE 11)		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	FT LAUDERDALE, AL 33305				
TITLE		☐ DELETE	3.1 TITLE		. 🗆	Change	Addition		
NAME			3.2 NAME				Ì		
STREET ADDRESS			3.3 STREET	ADDRESS	s		ļ		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition		
NAME			4. 2 NAME				1		
STREET ADDRESS			4.3 STREET	ADDRESS	s		}		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition (
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS	s		}		
CITY-ST-ZIP			5.4 CITY-S	T- ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME			62 NAME				{		
STREET ADDRESS			6.3 STREET	ADDRESS	s		ļ		
OTTLET ADDRESS			6.4 CITY-S	T. 71P			1		

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 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