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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000020045 (9)

## **BROWARD TILE & MARBLE INC**

Principa' Place of Business Mailing Address

## **FILED** Apr 11 1997 8:00am Secretary of State



5240 N ANDREWS AVENUE FT. LAUDERDALE FL 33309		5240 N ANDREWS AVENUE FT. LAUDERDALE FL 33309-3261					
				3. Date Incorporated or Qualified 03/12/1993	3a. Date of Last R- 02/05/1996	eport	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	<del></del>	plied For	
21	A ata	Suite, Apt. #, etc.		65-0426555	60 7E	t Applicable	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added		
Zip 24	Country 25	Z (p)	Country 30		Yes No	199 032,	
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent		
	ERS, KENNETH A		81 Name				
	IO N ANDREWS AVENUE LAUDERDALE FL 33309		82 Street Ad	idress (P.O. Box Number is Not Acceptab	ole)		
FI.	LAUDENDALE LE 22209		83				
			84 City		85 Zip	Code	
	A STATE OF THE STA			orporation submits this statement for the p	FL   63   2   5		
agent La	am familiar with, and accept the ob-		Orkda Statutes.  TE: Registered Agent signature rec		DATE		
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC			
TIFLE	D	DELETE	1.1 TITLE		Change	Additio	
NAME	MYERS, KENNETH A		1.2 NAME				
STREET ADORESS	5240 N ANDREWS AVE		1.3 STREET ADDRESS				
CITY-ST ZIP	FT. LAUDERDALE FL 33309	DELETE	1.4 CITY - ST - ZIP		Change	Additio	
TITLE		T DETEIR	2.1 TITLE 2.2 NAME		() Creatige	Audition	
NAME OTOTAL LEGISLAGO			2.3 STREET ADDRESS				
STREET ADDRESS			2.4 CITY-ST-ZIP	**	) · · · r		
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NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - S1 - Zif'		DELETE	5.1 TITLE		☐ Change	Additio	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY-ST-ZIP				
TIFLE	- Maria de Calendar de Calenda	☐ DELETE	6.1 TITLE		Change	Additio	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - \$1 - ZIP			6.4 CITY-ST-ZIP		4		

14. 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

**SIGNATURE:**