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FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000041407 (6)

1. Corporation Name

ITALIAN TILE CENTER, INC.

Principal Place of Business

6966 ALOMA AVE.
WINTER PARK FL 32792

Mailing Address

6966 ALOMA AVE.
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1993

4. FEI Number

59-3185310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AVALONE, FRANK P
6966 ALOMA AVE.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
AVALONE, FRANK P
1588 S LYONS CT
OVIEDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
AVALONE, TINA
1588 S LYONS CT
WINTER PARK FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
AVALONE, JOSEPH
3084 CORAL VINE LN
WINTER PARK FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
AVALONE, JILL
3084 CORAL VINE LN
WINTER PARK FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
ROCCO, AVALONNE,
1588 S LYONS CT
OVIEDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

3/9/98 (407) 679-4000

CR2E034 (10/97)