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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048222 (2)

BROWARD MARBLE INC.

appears in Block 12 or Blo

SIGNATURE:

Principal Place of Business Mailing Address 1024 NE 43RD ST. 1024 N.E. 43 CT. OAKLAND PARK FL 33334 OAKLAND PARK FL 33334-3808 3a. Date of Last Report 3. Date Incorporated or Qualified 06/05/1996 07/09/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applie 65-0423155 Broward Marble 26 Not Api Suite, Apt. #, etc. \$8.75 Addition at Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zio Country This corporation has liability for intangible tax under s. 199.032, Braugri Florida Statutes 💹 Yes 🔲 No 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOCESKI, SCOTT M B1 W. COCONUT DR. Street Address (P.O. Box Number is Not Acceptable) 82 LAKE WORTH FL 33467 83 Zip Code City R5 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 96/6) 13 Change PSDT ___ Addition TITLE □ DELETE 1.1 TITLE KOCESKI SCOTT M. JORY NE 43RD CH. KOCESKI, SCOTT M. 1.2 NAME NAME 1024 NE 43RD \$7. STREET ADDRESS 1.3 STREET ADDRESS OAKLAND PARK FL 33334 CITY - ST - ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE RAMONA L. KOCESKI 2.2 NAME NAME 1024 N.E. 43RD CT STREET ADDRESS 2.3 STREET ADDRESS DECK DATES OAKLAND PARK FL 33334 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP C(TY - ST - 7)P Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

11. 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 minual 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 emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name