04-06-1999 90046 033 ***150.00

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

 Corporation 	INO TILE & MARBLE INC		• 1					
Principal Place	e of Business	Mailing Ad	Idress			t sometone tid (Midd tillit nater anter beite anter	#11#1 #1111 (B)	41841 1181 1841
8318 BUTTERNUT ROAD FORT MYERS FL 33912 8318 BUTTERNUT ROAD FORT MYERS FL 33912						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	- AOL	 :
			,			08/06/ <u>19</u> 93		
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21	<u> </u>			<u></u>	· · · · · · · · · · · · · · · · · · ·	65-0426595		Not Applicable
Suite, Apt.	#, etc.	_ ⊢ `	Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
22	<u> </u>	27 City &	State			C. Floring Committee Financian		May Be
City & Stat	e	— ´	State			6. Election Campaign Financing Trust Fund Contribution		o may be d to Fees
Zip	Country	28 Zip		Countr	v	This corporation owes the current year In		
 , ·	25	29	. 3	_	,	Personal Property Tax.	Yes	□No
24]	9. Name and Address of Curre			1		10. Name and Address of New Registered	Agent	
				8	1 Name			
Gulino, Joseph S					2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		····
8318 BUTTERNUT ROAD					2 SHEEL AL	idless (F.O. Box Number is Not Acceptable)		
FOR	T MYERS FL 33912			8	3			
				8	A City		85 Zi	p Code
				0	4 City	FL FL	_	p code
SIGNATURE	m familiar with, and accept the oblig		e. (NOTE: R			uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	D	IND DIRECTORS	DELETE	1.1 TITLE			Chang	
TITLE NAME	GULINO, JOSEPH S			1.2 NAME				
STREET ADDRESS	8318 BUTTERNUT ROAD				ET ADDRESS			
	FORT MYERS FL 33912			1.4 CITY-				
CITY-ST-ZIP TITLE	TOTAL WILLIAM TE GOOTE		DELETE	2.1 TITLE			☐ Chang	e Additio
NAME				2.2 NAME				
STREET ADDRESS				2.3 STRE	ET ADDRESS	والمستري المستري		•
CITY-ST-ZIP				2. 4 CITY	-\$T-ZIP	<u> </u>		
TITLE			DELETE	3.1 TITLE			Chang	e 🔲 Additio
NAME				3.2 NAME	:			
STREET ADDRESS				3.3 STRE	ET ADDRESS			
CITY-ST-ZIP				3.4. CITY	-ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE			Chang	e
NAME				4. 2 NAM	E			
STREET ADDRESS				4.3 STRE	ET ADDRESS			
CITY-ST-ZIP				4.4 CITY-	ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE		•	Chang	e 🗌 Additio
NAME				5.2 NAME				
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP				5.4 CITY-				e
DILE :	127 305 15		□ DELETE	6.1 TITLE	:		☐ Chang	E I AGGILIO7

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS