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 # P93000073590

SUPERIOR TILE OF NAPLES, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90002 041 ***150.00



Principal Place	e of Business	Maining Address)				
2796 44TH ST S		2796 44TH ST SW							
NAPLES FL 339	99	NAPLES FL 33999			DO NOT WRITE IN THIS SE	PACE			
					3. Date Incorporated or Qualifed				
					10/15/1993		j		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	77,	Applied For		
1 442 /	utter Point Drive	26 442 PUHA PO	NI	Prive	65-0945839		Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.				\$8.75	Additional	í	
22		27			5. Certificate of Status Desired	Fee	Required	1	
City & State City & State					6. Election Campaign Financing \$5.00 May Be				
23 NA704	 /	28 Napleg FL			Trust Fund Contribution	Adde	d to Fees		
Zip	Country		Count	γ ₋ Λ	8. This corporation owes the current year Intang		_ i		
24 3410	$3 25 V \cdot 5.4$	29 34103 30	U.	5.A.		Yes	<u>No</u>	Į	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	ent			
			8	1 Name			l	i	
WUSCHKE, JAMES E				2 Street A	Street Address (P.O. Box Number is Not Acceptable)				
2796 44TH ST SW									
NAP	LES FL 33999		8	3				l	
			A	4 City		85 Zi	p Code	ĺ	
					₽₽			i	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the Florida Such change was author	e abo ized b	ve-named on the corpo	corporation submits this statement for the purpose of ch ration's board of directors. I hereby accept the appointm	anging nent as	registered	ĺ	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statute	es.				i	
SIGNATURE			_		ouized when reinstating) DATE			۱ _	
	Signature, typed or printed name of registered agent			ent signature re	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	ő	
12.	OFFICERS ANI		13.	<u> </u>		Chang		(11/98	
TITLE .	D WHOOLINE INNECE		.2 NAM	ſ	•	- :	_		
NAME	WUSCHKE, JAMES E			1				F034	
STREET ADDRESS	2796 44TH ST SW			EET ADDRESS				<u>ت</u> ا	
CITY-ST-ZIP	NAPLES FL 33999		1.4 CHY	-ST-ZIP		Chang	e Addition	E	
TITLE		_			•			(
NAME			2.2 NAM	ì				ĺ	
STREET ADDRESS		t e e e e e e e e e e e e e e e e e e e		ET ADDRESS	•				
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NAME			3.2 NAM					ĺ	
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NAME			I. 2 NAM	i					
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NAME			5.2 NAM	J					
STREET ADDRESS				EET ADDRESS	÷			ļ	
CITY-ST-ZIP				-ST-ZIP					
TITLE			6.1 TITLI	ĺ		Chang	ge Addition	1	
NAME		<u> </u>	5.2 NAM	E !				1	
STREET ADDRESS		i i	5.3 STRI	EET ADDRESS	•				
CITY-ST-ZIP		[·	4 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 a attachment with an address, with all other like empowered.

SIGNATURE:X

Daytime Phone #