

FILED

Aug 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000078918 (8)
1. Corporation Name

1. Corporation Name
GRANITE & MARBLE DESIGNS, INC.

Principal Place of Business	Mailing Address
3470 SW 15TH ST DEERFIELD BEACH FL 33442	3470 SW 15TH ST DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 11/16/1993	3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address
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21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
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22	27
City & State	City & State

23	28
Zip	Country Zip

24 25 29
 9. Name and Address of Current Registered Agent

ROMAY, PATRICIA M
1141 COCONUT CK BLVD
COCONUT CREEK FL 33066

	4. FEI Number 65-0454096	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

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

10. Name and Address of New Registered Agent	
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81	Name	MARIO ROMAY
82	Street Address (P.O. Box Number is Not Acceptable)	3430 S. W. 15 Street

83	175 2nd St	
84	City	Denver, Co
85	State	Zip Code

84	City	WEST PALM BEACH, FL	85	Zip	33411
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above-named corporation submits this statement for the purpose of changing its registered

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] DATE 8-3-97

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D				

NAME	ROMAY, PATRICIA M	1.2 NAME
STREET ADDRESS	1141 COCONUT CK BLVD	1.3 STREET ADDRESS
CITY - ST - ZIP	COCONUT CREEK FL 33066	1.4 CITY - ST - ZIP

TITLE	D	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMAY, MARIO N		2 2 NAME		
STREET ADDRESS	1441 COCONUT CR BLVD 3470 S.W. 15th		2 3 STREET ADDRESS		

CITY-ST-ZIP	COCONUT CREEK FL	33060	FL 33060	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	DEPUTY SHERIFF	12.3342	12.3342		

NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS

STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	
TIME		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

NAME	4. 2 NAME
STREET ADDRESS	4. 2 STREET ADDRESS

STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		4.5 TITLE	
DELETE		Change	
		Addition	

NAME	STREET ADDRESS	CITY	STATE	ZIP	PHONE	TELETYPE	TELEX	DATE	TIME	STATUS	REMARKS
1 NAME	1 STREET ADDRESS	1 CITY	1 STATE	1 ZIP	1 PHONE	1 TELETYPE	1 TELEX	1 DATE	1 TIME	1 STATUS	1 REMARKS
2 NAME	2 STREET ADDRESS	2 CITY	2 STATE	2 ZIP	2 PHONE	2 TELETYPE	2 TELEX	2 DATE	2 TIME	2 STATUS	2 REMARKS
3 NAME	3 STREET ADDRESS	3 CITY	3 STATE	3 ZIP	3 PHONE	3 TELETYPE	3 TELEX	3 DATE	3 TIME	3 STATUS	3 REMARKS
4 NAME	4 STREET ADDRESS	4 CITY	4 STATE	4 ZIP	4 PHONE	4 TELETYPE	4 TELEX	4 DATE	4 TIME	4 STATUS	4 REMARKS
5 NAME	5 STREET ADDRESS	5 CITY	5 STATE	5 ZIP	5 PHONE	5 TELETYPE	5 TELEX	5 DATE	5 TIME	5 STATUS	5 REMARKS
6 NAME	6 STREET ADDRESS	6 CITY	6 STATE	6 ZIP	6 PHONE	6 TELETYPE	6 TELEX	6 DATE	6 TIME	6 STATUS	6 REMARKS
7 NAME	7 STREET ADDRESS	7 CITY	7 STATE	7 ZIP	7 PHONE	7 TELETYPE	7 TELEX	7 DATE	7 TIME	7 STATUS	7 REMARKS
8 NAME	8 STREET ADDRESS	8 CITY	8 STATE	8 ZIP	8 PHONE	8 TELETYPE	8 TELEX	8 DATE	8 TIME	8 STATUS	8 REMARKS
9 NAME	9 STREET ADDRESS	9 CITY	9 STATE	9 ZIP	9 PHONE	9 TELETYPE	9 TELEX	9 DATE	9 TIME	9 STATUS	9 REMARKS
10 NAME	10 STREET ADDRESS	10 CITY	10 STATE	10 ZIP	10 PHONE	10 TELETYPE	10 TELEX	10 DATE	10 TIME	10 STATUS	10 REMARKS

STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
FILE	DELETE	6.1 TITLE	Change Addition

TITLE		61 TITLE	
NAME		62 NAME	

STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP

65 I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. Further, I 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, on an attachment with an address

17-99-97 (954) 2/28/11

CR2E034 (4/97)