

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000083093 (3)

1. Corporation Name

WHOLESALE TILE AND MARBLE, INC.



Principal Place of Business

Mailing Address

5066 HIATUS ROAD  
SUNRISE FL 33351

5066 HIATUS ROAD  
SUNRISE FL 33351

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number

65-0452567

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 has liability for intangible tax under s 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELLILI, KEVIN  
5066 HIATUS ROAD  
SUNRISE FL 33351

81 Name  
KEVIN MELLILI

82 Street Address (P.O. Box Number is Not Acceptable)  
5871 N. UNIVERSITY DRIVE

83 Suite 310

84 City  
TAMARAC

85 Zip Code  
FL 33321

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

1. 1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. 1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. 1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. 1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. 1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. 1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. 1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. 1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE

2. 1 NAME

3. 1 STREET ADDRESS

4. 1 CITY - ST - ZIP

5. 1 TITLE

6. 1 NAME

7. 1 STREET ADDRESS

8. 1 CITY - ST - ZIP

9. 1 TITLE

10. 1 NAME

11. 1 STREET ADDRESS

12. 1 CITY - ST - ZIP

13. 1 TITLE

14. 1 NAME

15. 1 STREET ADDRESS

16. 1 CITY - ST - ZIP

17. 1 TITLE

18. 1 NAME

19. 1 STREET ADDRESS

20. 1 CITY - ST - ZIP

21. 1 TITLE

22. 1 NAME

23. 1 STREET ADDRESS

24. 1 CITY - ST - ZIP

25. 1 TITLE

26. 1 NAME

27. 1 STREET ADDRESS

28. 1 CITY - ST - ZIP

29. 1 TITLE

30. 1 NAME

31. 1 STREET ADDRESS

32. 1 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN MELLILI

4/23/96

Date

954-746-0100

Daytime Phone #

CR2E034 (12/95)