

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/6/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 9:07

SECRET, FLORIDA STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000003445 (1)

1. Corporation Name

TILE SYSTEMS, INC.

Principal Place of Business

**223 DOVERWOOD RD.
FERN PARK FL 32730**

Mailing Address

**223 DOVERWOOD RD.
FERN PARK FL 32730**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/03/1994

4. File Number

59-3019011

Added 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**

6. Does corporation have authority for electronic filing under 1995
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite Apt # etc

Suite Apt # etc

City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERNST, BENJAMIN E JR.
223 DOVERWOOD RD.
FERN PARK FL 32730**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of Current Registered Agent and the Agent

Signature of New Registered Agent and the Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D
2. NAME	ERNST, BENJAMIN E JR.
3. STREET ADDRESS	223 DOVERWOOD RD.
4. CITY, ST, ZIP	FERN PARK FL 32730
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	P	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is substantially true and correct and that the foregoing is stated as true to the best of my knowledge. I further certify that the said information is stated as true to the best of my knowledge and that my signature thereon is true and correct. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my signature is true and correct.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 6/25/95