FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400004580 (4)

QUALITY CERAMIC TILE & REMODELING, INC.

FILED May 06 1997 8:00am Secretary of State



Principal Piace of Business 103 CENTURY 21 DR #112 JACKSONVILLE FL 32216		103 CENTURY #112	Mailing Address 103 CENTURY 21 DR #112 JACKSONVILLE FL 32216-8256			s skolisos sie verit sieji šāšji dērit ozsir pālit 26til 2125 Sires jālit dēri 1881			
U\$		US				3. Date Incorporated or Qualified 01/10/1994	3a. Date 08/0	of Last 7/199	
	ace of Business	2a. Mailing Ad	dress			4. FEI Number		A	pplied For
21		26				59-3217753			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		•	Additional
22 City & State		City & State	^						Required
23	9		e .			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	28] Zip	Т	Country		8. This corporation has liability for i			
24	25	29		30			Yes \Box		5. 199.032,
441	9. Name and Address of Curr			201		10. Name and Address of New Re			
MC	CLAIN, D. SCOTT			81	Name				
103 CENTURY 21 DR				60	Chro of A-1	drops (D.O. Boy Nigother is Night As	le)		
	E 112			82	2itest var	dress (P.O. Box Number is Not Acceptab	ic)		
JA	CKSONVILLE FL 32216			83					
								T	
				84	City		FL	85 Zip	Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli- signature, typed or printed name of registered					rporation submits this statement for the p ation's board of directors. I hereby accep jured when refusating)	t the appoir	itment a	s registered
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	RS IN 12
TITLE	D		DELETE	11101				Change	Addition
NAME	MCCLAIN, D. SCOTT			12 NAME	ļ				
STREET ADDRESS	3703 STARRATT ROAD			1.3 STREE	I ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32228			1.4 CITY- :	ST - ZVP				
TITLE			DELETE	2.1 TITLE] Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	I ADDRESS				
CITY-ST-ZIP				2. 4 CITY-	ST - 7(P				
TITLE		Ц	DELFTE	3.1 TITLE			L] Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 S1REF					
CITY-ST-ZIP			DE LETT	3.4 CITY-	ST-ZIP			1 05	
TITLE		U	DEFEIF	4.1 TO LE			L] Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP			DELETE	4.4 CITY- :	ST-ZIP			7 (6	A aladata i
TITLE		L_J	DELETE	5.1 TITLE			L] Change	Addition
NAME				5.2 NAME					
STREET ADDRESS	,				ADDRESS				
CITY-ST-ZIP			DELETE	54 CIIY - 3	ST-ZIP			Chanca	Addition
TITLE		Ц	DELETE	611016			L	_l Change	LJ Addition
NAME				62 NAME					
STREET ADDRESS				1	I ADDRESS				
CITY-ST-ZIP				6.4 CrTY - :	SI-7IP	-11.0. / 140.07/0V: F I. O I.			

4. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this an qualify-fort or supplimental 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 fliedcorp Jution or the Legenguer 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 clasged, or an application of the legenguer trustee.

CICALATUDE.