SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P9400007631 (2) **BELLA TILE & MARBLE CORP.** Principal Place of Business Mailing Apdress 222 CARICA RD 222 CARICA RD NAPLES FL 33963 NAPLES FL 33963 LIS 3. Date incorporated or Qualified 3a. Date of Last Report 01/21/1994 04/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 3657 ACHOLD 3657 ALMORD 26 65-0464158 Not Applicable Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be MAPLES 28 Manles Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, COLLEGA 25 24 29 Florida Statutes Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCIRE, VINCENT 222 CARICA RD Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33963 83 84 City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE bytied or protest name of requirered agent and total appear as INCITE Burg served Agent's rinature required when remail though 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1.11111:6 Change Addition NAME SCIRE, VINCENT 1.2 NAME CR2E034 STREET ADDRESS 222 CARRICA RD 1.3 STREET ADDRESS NAPLES FL CITY - ST - ZIP 1.4 CITY - ST - ZIP TIBLE DELETE 2 1 THE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 City - St - ZiP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHY-ST-7:P TITLE DELETE 4 1 TiTLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 C(TY - S1 - Z)P TITLE DELETE 61 TITLE Change Addition NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 64 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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

Souré

SIGNATURE:

X7-2-96 941-143-3624