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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000009999 (1) DOCUMENT #

TERRITINO TILE, INC. Principal Place of Business Mailing Address 13749 53RD COURT N. 13749 53RD COURT N. ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 02/02/1994 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 65-0504728 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BROWN, CATHERINE T ARANTINO 13749 53RD COURT N. 82 **ROYAL PALM BEACH FL 33411** 63 CityRo Zip Code **334**// **B4** 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. aran SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D-Co DELETE TITLE 1.1 TITLE Change Addition CATHERINE T TARANTINO **BROWN. CATHERINE T** NAME 1.2 NAME 13749 53RD Ct.N. **102 DOVE CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS **ROYAL PALM BEACH FL 33411** ROVAL PALM BEACH, FI City-St-ZiP 1.4 CITY-ST-7IP TITLE DELETE 2.1 TITLE Change Addition TONY TARANTINO NAME 2.2 NAME 13749 53RD Ct. N. STREET ADDRESS 2.3 STREET ADDRESS ROYAL PAIM BEACK FT CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ___ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELET**E** Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

6.4 CITY - ST- ZIP

CITY-ST-ZIP

3/21/00

FILED

Apr 01 1998 8:00am

Secretary of State