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

DOCUMENT # P94000018432 (2)

MC FORD TILE INSTALLATION, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										-	ODINI SOLDI II	et i i g ili etek kil	IU HITH IUT	
5211 S.W. 89 WAY COOPER CITY FL 33328 US					5211 SW 89 WAY COOPER CITY FL 33328 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
										03/09/1994				
2. Principal Place of Business					2a. Mailing Address					4. FEI Number		Ap	plied For	
21	1]				26					65-0472688		No	t Applicable	
Su 22	ite, Apt. #	t, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
	y & State	1		28	City & State					Election Campaign Financing Trust Fund Contribution	,	\$5.00 Added 1		
Zip	Zip Country				Zip Country				8. This corporation owes or has paid the ourrent year Intangible					
24	25			29	1 1 1					Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent									_	10. Name and Address of New Registered Agent				
FORD, MARY E								81 Name						
5211 SW 89 WAY COOPER CITY FL 33328							82	Street	Addre	ss (P.O. Box Number is Not Accep	table)			
0001 [11 011 1 2 00020								1				*************************************		
							84	City			F	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.												s registered registered		
SIGN	ATURE _										DATE			
Signature, typed or ponted name of registered agenit and trinin' applicable (NOTE: F 12. OF FICERS AND DIRECTORS							Registered Agent signature require 13.			ADDITIONS/CHANGES TO OF		ND DIRECTOR	RS IN 12	
TITLE		<u> </u>	OHIGEN	IS AINE DITLE		ELE TÉ	1.1 DILE		1	ADDITIONO/OFFARGES TO OF	110211074	Change	Addition	
NAME	į	FORD, N	MARY				1.2 NAME							
			I.W. 31 PLACE				1.3 STREE	T ADDRESS						
CITY-SI	CITY-ST-ZIP SUNRISE FL 33323			1.4 (1.4 City-3	1.4 CITY-ST-ZIP						
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	ADDRESS						4.3 STREE	T ADDRESS						
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STREET	ADDRESS						5.3 STREE	T ADDRESS						
CITY-ST	T-ZIP				——————————————————————————————————————	CI CTC	5.4 CITY-	ST-ZIP	-			Chanas	Addition	
TITLE					ا ا	EL ETE	6.1 TITLE					Change	☐ ADDITION	
NAME							6.2 NAME						1	
1	ADDRESS						i	T ADDRESS						
CITY-S	1-ZIP	artification at the	o information europ	ligid with this !	filing does no	t qualify for t	6.4 CITY-:	otion sta	ted in S	Section 119.07(3)(i), Florida Statute	s. 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.