## 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 # P94000019286 (1)

MASTERPIECE TILE COMPANY, INC.

Principal Place of Business Mailing Address

**FILED** Apr 15 1998 8:00am Secretary of State



10731 S.W. 12 MIAMI FL 3311		10731 S.W. 125TH AVE. MIAMI FL 33186				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
9 Ovincinal D	ace of Business	On Mailing Address				03/11/1994
· · ·	ace of business	2a. Mailing Address				4. FEI Number Applied For Not Applied be
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🖊 Yes 🗌 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
STUTT\$, CLIFF				81	Nam	ame (
10731 S.W. 125TH AVE.			l	82 Street Address (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33186				L	
				83	l	
			l	84	City	ty 85 Zip Code
					<u> </u>	<b>                                 </b>
<ul> <li>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.</li> <li>Signature, typed or pented name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</li> </ul>						
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETÉ	1.1 TO	ILE		☐ Change ☐ Addition
NAME	STUTTS, CLIFF		1.2 NA	ME		
STREET ADDRESS	10731 S.W. 125TH AVE.		1.3 ST	REET	ADDRESS	HESS I
CITY-ST-ZIP	MIAMI FL 33186		1.4 00	TY-S	T-ZIP	
TITLE		DELET <b>e</b>	2.1 1(1			☐ Change ☐ Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REET	ADORESS	IESS .
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		ST - ZIP	
TITLE		DELETE	3.1 7(7			Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 SŦ	REET	ADDRESS	IESS
CITY-ST-ZIP			3.4. CI	TY-S	ST-ZIP	,
TITLE		DELETE	4.1 TH	LF		Change Addition
NAME			4. 2 N/	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	ESS
CITY-ST-ZIP			4.4 Ci1	ΓY - S	T- <b>Z</b> IP	
TITLE		☐ DELETE	5.1 717	LE.		☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	RÉET	ADDRESS	ESS
CITY-ST-ZIP			5.4 CII	Y-S	1 - ZIP	
TITLE		DELETE	6.1 TIT	LE		☐ Change ☐ Addition
NAME	•		6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET	ADDRESS	ESS
CITY-ST-ZIP			6.4 C(1	[Y - S]	T-ZIP	

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in