

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

1062

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 11 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024941
1. Corporation Name
MEGAHEE TILE INC.

Principal Place of Business
1022 BUNNELL RD.
ALTAMONTE SPRINGS
FL. 32714

Mailing Address
PO Box 915244
Longwood FL 32791

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	3/25/1994	5/20/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3235988	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRED MEGAHEE 2388 Riverchase Cir. SANFORD FL. 32771		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 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.

SIGNATURE: [Signature] DATE: 9/8/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12 NAME	200002292362--5	
STREET ADDRESS	13 STREET ADDRESS	-09/12/97--01130--018	
CITY-ST-ZIP	14 CITY-ST-ZIP	****165.00 ****165.00	
TITLE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY-ST-ZIP	24 CITY-ST-ZIP		
TITLE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY-ST-ZIP	34 CITY-ST-ZIP		
TITLE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY-ST-ZIP	44 CITY-ST-ZIP		
TITLE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY-ST-ZIP	54 CITY-ST-ZIP		
TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY-ST-ZIP	64 CITY-ST-ZIP		

14. I do hereby 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.

SIGNATURE: [Signature] DATE: 9/8/97 407-6823522

CR2E034 (9/96)