

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 11:01 AM '95

DOCUMENT # P94000027741 (5)

1. Corporation Name

EXPERTISE TILE, INC.

Principal Place of Business

5081 S.W. 94TH WAY
COOPER CITY FL 33328

Mailing Address

5081 S.W. 94TH WAY
COOPER CITY FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

4. FEI Number

65-0510366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2908 N.W. 80TH AVE.

2a. Mailing Address

26 2908 N.W. 80TH AVE.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SUNRISE, FL.

27 SUNRISE, FL.

City & State

City & State

23 33322 U.S.A.

28 33322 U.S.A.

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KRISE, ROBERT
5081 S.W. 94TH WAY
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name

ROBERT A. KRISSE

82 Street Address (P.O. Box Number is Not Acceptable)

2908 N.W. 80TH AVE.

83

SUNRISE, FL.

33322

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

(Agent: Agent's printed name of registered agent and title as applicable)

(Officer: Registered Agent's signature required when recording)

(Att)

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KRISE, ROBERT
STREET ADDRESS	5081 S.W. 94TH WAY
CITY, ST, ZIP	COOPER CITY FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), 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 liquidator 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:

Robert A. Kriss

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/14/95

805-749-4003