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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028435 (3)

TILES OF DELRAY, INC.

Principal Place of Business		Mailing Address				-{	(84)(8)(38)		
1025 NW 17 AVE DELRAY BEACH FL 33445 US		1025 NW 17 AVE DELRAY BEACH FL 33445-2556 US							
						3. Date Incorporated or Qualified 04/12/1994		ate of Last R 01/1996	leport
	lace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For
21		26	- 			65-0482843		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							beriupe
City & State	8	City & State	 			6. Election Campaign Financing	П		May Be
Zip	Country	28 Zin	Zip Country			Trust Fund Contribution	<u>LJ</u>		to Fees
24	25	29	30			This corporation has liability for in Florida Statutes		tax under s ∃ No	i. 199.032,
24	9. Name and Address of Curre		1301			10. Name and Address of New Re	<u> </u>		
1A/AI	SH, GERALD V		8	1 Na	ne	•		-	
	on, Gerald V GUNIVERSITY DR .					/D C D N I N A	1-3		
	TAL-SPRINGS FL 33065		8	2 50	set Addre	ess (P.O. Box Number is Not Acceptab	4e)		
_			8	3					
cc	iod N.W.37th ct.		8	4 Cit				85 Zip	Code
44 Pureuant	to the provisions of Sections 607.05	02 and 607 1608 Florida Si	latules, the abo	vo par	ned corpy	oration submits this statement for the p	FL	(changing i	te registered
office or r	egistered agent, or both, in the Stat	e of Florida. Such change v	vas authorized l	by the	corporation	on's board of directors. I hereby accep	of the app	ointment as	registered
•	m familiar with, and accept the oblig	gations of, Section 607.0505	s, Florida Statut	es.					
SIGNATURE	Signature, typed or printed name of registered as	nent and title if applicable	(NOTE: Registered A	aent siar	ature require	d when reinstating)	DATE		
12.		ND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	P	DELETE.	1.1 TITLE					Change	Addition
NAME	CARLE E. HURRELL		1.2 NAM	1.2 NAME					
STREET ADDRESS	5216 JEFFERSON STREET	_	1,3 STRE	ET ADDRI	SS				
CITY-ST-ZIP	HWD FL 33021			1.4 CITY - ST - ZIP					
TITLE	TRES	DELETE	2.1 1111.5	2.1 TITLE				Change	Addition
NAME	KARL FRITZ SAUTER		2.2 NAME						
STREET ADDRESS	233 NW 90 AVE		2.3 STRE	ET ADDRI	.SS				İ
CITY-ST-ZIP	CORAL SPRINGS FL 33071	DECETE	2. 4 C(1Y - ST - ZIP					T 6	
TITLE	T/S	☐ DELETE						☐ Change	☐ Addition
NAME	DONALD MANN TR 7418 TRESCOH DR	h //	3.2 NAM						
STREET ADDRESS	Lake wornt, FI	33467	3.3 STRE		.SS				
CITY-ST-ZIP TITLE	Core covernii i	DELETE		- ST - ZIP		······································		Change	Addition
NAME		L. Ditti	4. 2 NAM					C_1 Ontingo	
STREET ADDRESS				ET ADDRI	ce				
CITY-ST-ZIP			4.4 CHY		33				•
TITLE		DELETE						☐ Change	Addition
NAME			5.2 NAM						
STREET ADDRESS			5.3 STRE		SS				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE						Change	☐ Addition
NAME			6.2 NAM-	E					
STREET ADDRESS			63STRE	E1 ADDRI	:SS				
CITY-ST-ZIP			6.4 City	- ST- 7IP					

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 at trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of an attachment with an address.

SIGNATURE

for Sauter

4/23/97

561/272-4007

FILED

Apr 30 1997 8:00am

Secretary of State