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

FILED May 13 1998 8:00am Secretary of State

P94000028435 (3) **DOCUMENT #**1. Corporation Name TILES OF DELRAY, INC. Principal Place of Business Mailing Address 1025 NW 17 AVE 1025 NW 17 AVE DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1994 Principal Place of Business Mailing Address 4. FEI Number Applied For 321 N Congress AV 321 N. CONGRESS AV 65-0482843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be RAY BEACH, F Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible alm Bch ☐ Yes 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name WALSH, GERALD V 2890 UNIVERSITY DR. 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065 B3** City 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 Typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME KARL FRITZ SAUTER 1.2 NAME 233 NW 90 AVE STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change ☐ Addition 21 TITLE MANN JR. DONALD 22 NAME STREET ADDRESS 7418 TRESCOTT DR 2.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change ■ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 supplier fierfal 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 comporation of 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 charged or or an attachment with an address.

SIGNATURE:

DONAUN MANN JR

5-30-98 (561) 272-4007