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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000039207 (3) **DOCUMENT #** 1. Corporation Name

ITALIAN COUNTRY GALLERY & TILE, INC.



05/20/1994

Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Fee Required  St.00 May Be Added to Fees  Added to Fees  Trust Fund Contribution has liability for intangible tax under s 199.032,	2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
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City   State     City   2p	Suite, Apt. #, etc.				R Certificate of Status Desired				
28			City & State		6. Election Campaign Financing	<b></b>	\$5.00	May Be	
Zop	23		28			Trust Fund Contribution	Ш	Adoed	to Fees
9, Name and Address of Current Registered Agent  SOLOPERTO, JOHN A 30 W OSCEOLA ST STUART FL 34994  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 agent. I am floridighter of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered diffice or grigitered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am floridighter of Section 607.0505, Plorida Statutes.  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/O-NANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS  13. INITIAL  DIRECTORS  14. City  Lamber 1. Initial  DIRECTORS  15. ADDITIONS/O-NANGES TO OFFICERS AND DIRECTORS IN 12.  SOLOPERTO, JOHN A 39 W OSCEOLA ST  STUART FL  DELETE  2 1111.6  DELETE  2 1111.6  DELETE  2 1111.6  DELETE  2 1111.6  DELETE  3 111.6  DELETE  3 11.6  D		Country	Zip	Count	ry			ınder s	199.032,
SOLOPERTO, JOHN A 39 W OSCEOLA ST STUART FL 34994  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florids Statutes. The above named corporation submits this statement for the purpose of changing its registered diginal, or both, in the State of Florids. Such change was authorized by the corporation's board of decicies. I hereby accept the appointment as registered diginal, and accept the deligations of Section 607,0506, Florids Statutes. SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SUDPERTO, JOHN A 39 W OSCEOLA ST 11. SIDNER ADDRESS 11. SIDNER ADDRESS 11. SIDNER ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 12  Let D DELETE 1.1 Interest DELETE 2.1 This DELETE 2.1 This DELETE 2.1 This DELETE 3.1	24	25 29 30		30					
SOLOPERTO, JOHN A 39 W OSCEOLA ST STUART FL 34994    Ba		9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered Ag	ent	
STUART FL 34994  88  80  80  80  81  84  85  85  85  85  86  85  86  86  87  87  87  87  87  87  87  87			8	1 Name					
STUART FL 34994    Ba	39 W OSCEÓLA ST STUART FL 34994				82 Street Address (P.O. Box Number is Not Acceptable)				
SIGNAT FL   State of Florida South change was authorized by the corporation submits this statement for the purpose of changing its registered office or recipishered agent, or both in the State of Florida Such change was authorized by the corporation's board of declors. I hereby accept the change it is registered agent 1 am									
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, and accept the obligations of, Sections 607.0505, Forida Statutes.    SIGNATURE					83				
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, and accept the obligations of, Sections 607.0505, Forida Statutes.    SIGNATURE					A Cdu			<b>85</b> Zin	Code
or registered agent, or both, in the State of Hondas Suich changes authorized by the corporation's Doard of precions, thereby stocept the application as registered agent and familiar with, and accept thre obligations of Sociolo 607 (Sociolo 607 (Sociol				-	7		FL	-	
12	or register familiar wi SIGNATURE	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	a. Such change was authorized on 607.0505, Florida Statutes.	a by the co	rporation's board	a of pirectors, i hereby accept the app	comment as re	jing its re gistered	egistered office agent. I am
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** 

John Solopento

407-223-1069

05/01/1995