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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STUART FL 34994

SIGNATURE:

DOCUMENT # P94000039207 (3)

ITALIAN COUNTRY GALLERY & TILE, INC.

Principal Place of Business Mailing Address
39 W OSCEOLA ST 5361 SW WINDWA

5361 SW WINDWARD WAY PALM CITY FL 34990-1213

## FILED May 28 1997 8:00am Secretary of State

561 386-3135



US										
						3. Date Incorporated or Qualified				
	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	A	pplied For		
	SW WINDWARDWAY	26			65-0504750			ot Applicable		
Suite, Apt. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State PALM	_	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
7p 24] <b>3</b> 499	Country	Z(p Country <b>30</b>			8. This corporation has liability for intangible tex under s. 199.032, Florida Statutes Yes 100 No					
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg				
	OPERTO, JOHN A		8	31	Name					
39 W OSCEOLA ST					82 Street Address (P.O. Box Number is Not Acceptable)					
STU	ART FL 34994									
			16	33						
			Ē	34 (	City		FL	<b>85</b> Zip	Code	
office or ri	egistered agent, or both, in the State o	t Florida. Such change was	authorized	by th	named corr	poration submits this statement for the patients board of directors. I hereby accept	#OODD OF	changing i	its registered	
agent. Fai	m familiar with, and accept the obligati	ions of, Section 607.0505, F	lorida Statul	les.		, , , , , , , , , , , , , , , , , , , ,	una app			
SIGNATURE	Signature, typed or printed name of registered agent	and title it englished (NO	TE: Desistand	Aacal	almost an annu	lifed when reinstating)	- Alte			
12.	OFFICERS AND		13.	- Gent	eignerore requi	ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTO	RS IN 12	
TITLE	D	DELETE	11 TITL	E				Change	Addition	
NAME	SOLOPERTO, JOHN A		1.2 NAM	1E						
STREET ADDRESS	39 W OSCEOLA ST		1.3 STAE	-	DOMESS					
CITY+ST-ZIP	STUART FL		1.4 City		i					
TITLE		DELETE	21 TITL			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			22 NAM	1E						
STHEET ADDRESS			2.3 STRE	EET AD	ODRESS	N 14	ه ه			
CITY-ST-2IP			2 4 0(1)	Y-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE		☐ DELETE	3.1 TITL	E				Change	Addition	
NAME			3.2 NAM	1E						
STREET ADDRESS			3.3 STR	EET AD	ODRESS					
City-St-2iP			3.4. CITY	Y - ST-	ZIP					
TITLE		☐ DELETE	4.1 TITLE	E				Change	Addition	
NAME			4. 2 NAN	ME						
STREET ADDRESS			4.3 STRE	EET AD	ODRESS					
City-St-ZiP			4.4 CITY	-ST-2	ZIP					
THILE		DELETE	5.1 TITLE	E	T			Change	Addition	
NAME.			5.2 NAM	IE .	.					
STREET ADDRESS			5.3 STRE	EET AD	DDRESS					
C-TY-ST-ZIP			5.4 CITY	· ST - Z	ZIP					
THE		☐ DELETE	6.1 TITU	E				Change	Addition	
NAME ·		•	6.2 NAM	IE .						
STREET ADDRESS			6.3 STRE	EET AD	DRESS					
C(TY - ST - ZIP			6.4 CITY	<u>- ST-</u> Z	ZIP					
Information Lam an of	n indicated on this annual report or sut	pplemental annual report is he receiver or trustee empoy	true and ac wered to ex	CUITA	ile and thai	d in Section 119.07(3)(i), Florida Statutes it my signature shall have the same legal rt as required by Chapter 607, Florida St	affect sc	nı ohem li :	ider aath: that	