

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

FLORIDA DEPARTMENT OF
CORPORATION
1995



FLORIDA DEPARTMENT OF STATE
TAMARA D. MATHIAS
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # P94000045512 (8)

1. Corporation Name

PRESTIGE TILE INC.

MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
809 ROBINSON RD.
DEERFIELD BEACH FL 33441

3. Mailing Address
809 ROBINSON RD.
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Organization 3a. Date of Last Report
06/17/1994

2. Principal Office Address	2b. Mailing Address	4. FID Number	Applied For
21	26	65-0499450	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under S. 194.032, Florida Statutes.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASAMASSIMO, NICHOLAS J
809 ROBINSON RD.
DEERFIELD BEACH FL 33441

81	Name
82	Street Address (P.O. Box Number is Not Applicable)
83	
84	City
FL	85
	Zip Code

11. Pursuant to the provisions of Sections 608.01 and 608.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 608.01, Florida Statutes.

SIGNATURE: M+S-126 SERVICE

4/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	P
NAME	CASAMASSIMO, NICHOLAS J	2. NAME	SAME
STREET ADDRESS	809 ROBINSON RD.	3. STREET ADDRESS	900 SE. 8th AVE. #102
CITY	DEERFIELD BEACH FL 33441	4. CITY	DEERFIELD BEACH, FL 33441
2. NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY		7. CITY	
3. NAME		8. NAME	
STREET ADDRESS		9. STREET ADDRESS	
CITY		10. CITY	
4. NAME		11. NAME	
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	
5. NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY		16. CITY	
6. NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY		19. CITY	
7. NAME		20. NAME	
STREET ADDRESS		21. STREET ADDRESS	
CITY		22. CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Sections 608.01, Florida Statutes. I further certify that the information included 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 this corporation or this report or both are submitted to comply with the requirements of Chapter 608, Florida Statutes, and that my signature appears in Block 1, of Block 1 of changed or not an officer or director with any address.

SIGNATURE: *Nicholas J. Casamassimo*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95 305-426-8453