

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000049333 (5)

1. Corporation Name

TILE KINGDOM BY S INC.

Principal Place of Business

Mailing Address

4100 N POWERLINE RD
D4
POMPANO BEACH FL 33073
US

4511 S. OCEAN BLVD.
#808
HIGHLAND BEACH FL 33487

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EGILMEZ, SEMUH S
4511 S. OCEAN BLVD.
#808
HIGHLAND BEACH FL 33487

81 Name CAHIT S. EGILMEZ
82 Street Address (P.O. Box Number is Not Acceptable)
717-8 N.E 12th Terr.
83 Phone: 954-974 8301 Home 561-736-0766
84 City BOYNTON BEACH FL 85 Zip Code 33435

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

 CAHIT S. EGILMEZ President.

(NOTE: Registered Agent signature required when reinstating)

10/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME EGILMEZ, CAHIT S
STREET ADDRESS 4100 N POWERLINE RD. #D4
CITY-ST-ZIP POMPANO BEACH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
500002326865--4
-10/22/97--01063--002
****750.00 ****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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  CAHIT S. EGILMEZ President. ink/127 954 074

FILED

97 OCT 20 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1994 3a. Date of Last Report 05/01/1996

4. FEI Number 65-0506366 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

CR2E034 (4/97)