

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montvorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061411 (2)

1. Corporation Name

SHARP'S TILE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 9:41

Principal Place of Business

**12303 SW 11TH ST.
PEMBROKE PINES FL 33025**

Mailing Address

**12303 SW 11TH ST.
PEMBROKE PINES FL 33025**

FILED 01/16/1995

3. Date of Report (Month/Day/Year) 30. Date of Last Report

08/16/1994

4. Filing Fee (Check one) ☒ \$0.00 ☐ \$8.75 Additional Fee Required

65-0509852

5. Tax Status (Check one) ☐ S-Corp ☐ C-Corp ☐ Partnership ☐ Trust ☐ Other

6. Has the corporation filed any Federal Income Tax Return? ☐ Yes ☐ No

8. The corporation has liability for and is liable for under the Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21. SAME

State, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. City & State

26. Zip

27. Country

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**MUSKAT, ARNIE S
18855 NE 2ND AVE.
SUITE 305
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

01. Name **SAME**
02. Street Address (P.O. Box Number or Not a Corporation)
03. City
04. State **FL** **05. Zip** **06. Country**

11. Pursuant to the provisions of Sections 607 (9)(b) and 607 (15)(b), Florida Statutes, this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors. Thereby, we accept the appointment as registered agent, and accept the obligations of, Section 607 (9)(b), Florida Statutes.

SIGNATURE

SAME

12. OFFICERS AND DIRECTORS

1. NAME	D SHARP, ROBERT
2. STREET ADDRESS	12303 SW 11TH ST.
3. CITY, ST, ZIP	PEMBROKE PINES FL 33025
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	
16. NAME	
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20. STREET ADDRESS	
21. CITY, ST, ZIP	

1. NAME	☐ Change ☐ Add
2. NAME	
3. STREET ADDRESS	
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19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. NAME	☐ Change ☐ Add
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the undersigned is authorized to execute this report on behalf of the corporation. I further certify that I am an officer or director of the corporation and am aware of the provisions of the Florida Statutes, and that the undersigned is aware of the provisions of the Florida Statutes, and that the undersigned is aware of the provisions of the Florida Statutes.

SIGNATURE:

Robert D. Sharp
SIGNATURE AND PRINTED NAME OF SIGNER OR DIRECTOR

1/16/95 432-7641