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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400061847

ITALY TILE, INC.

Principal Place of Business

3301 W BOYNTON BEACH BLVD STE 9 BOYNTON BEACH FL 33436 US		3765 CYPRESS LAKE DR #209 LAKE WORTH FL 33467 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/18/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			65-0509447		ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
22	<u></u>	27					'
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Int		4/
24	25	29 30			Personal Property Tax.	☐Yes	Œ No
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Registered	Agent	
				Name			
MATELO, JOHN M 740 S. FEDERAL HIGHWAY SUITE 209 POMPANO BEACH FL 33062			82	Street A	Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City		85 Zip	Code
		,		1	FL	- _	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MATELO, JOHN		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				ļ
CITY-ST-ZIP	POMPANO BEACH FL 141		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
 : CTTY-ST-ZIP>	المرتقب حادثها التابا	- 1 - - 2 -	2. 4 CITY-5	ST-ZIP	The second of th	<u> </u>	
TITLE		☐ DÉLETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	Ì			
STREET ADDRESS			3.3 STREE	TADORESS			1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			F3 4 (192-
TITLE		☐ DELETÉ	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				ì
STREET ADDRESS			4.3 STREE	T ADDRESS	1		
CITY-ST-ZIP	·		4.4 CITY-S	T-ZIP			- Addition
TITLE		☐ DELETE	5.1 TITLE	1		Change	☐ Addition
NAME			5.2 NAME		I		
STREET ADDRESS			•	TADDRESS			į
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE			, <i>,</i> ,	□ Criange	
NAME			6.2 NAME		, *		ì

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filipg 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 suppliements 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 received outrustee 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 attemption with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90274 033 ***150.00