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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000067783 (8)

1. Corporation Name

A. DESMEULES TILE, INC.



Principal Place of Business  
2222 SILVER MAPLE COURT  
SARASOTA FL 34234  
US

Mailing Address  
2222 SILVER MAPLE COURT  
SARASOTA FL 34234-4991  
US

3. Date Incorporated or Qualified 09/12/1994	3a. Date of Last Report 03/06/1996
4. FEI Number 65-0524648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2222 silver maple ct Suite, Apt. #, etc.	2a. Mailing Address 26 2222 silver maple ct Suite, Apt. #, etc.
22 City & State 23 SARASOT	27 City & State 28 Sarasota
24 Zip 34234	25 Country FL
29 Zip 34234	30 Country FL

9. Name and Address of Current Registered Agent

DESMEULES, ANDRE  
6429 FOREST LAKE DR  
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME DESMEULES, ANDRE		1.2 NAME	
STREET ADDRESS 2222 SILVER MAPLE COURT		1.3 STREET ADDRESS Same	
CITY - ST - ZIP SARASOTA FL		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/1997 (941) 351-0413

CR2E034 (9/96)