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FILED
May 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000078211 (7)

1. Corporation Name

ATLANTIC TILE & MARBLE, INC.



Principal Place of Business

3952 PALAUDR
SARASOTA FL 34241
US

Mailing Address

3952 PALAUDR
SARASOTA FL 34241
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 3952 Palaudr

26 3952 Palaudr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sarasota FL

28 Sarasota FL

24 Zip

25 Country

29 Zip

30 Country

34241

USA

34241

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURCOTTE, EMMANUEL
2920 CLARK ROAD APT. 204
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Sarasota

FL

85 Zip Code
34241

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 607.0506, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent's signature required when re-instating)

04-24-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME TURCOTTE, EMMANUEL
STREET ADDRESS 2920 CLARK RD. #204
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE P
1.2 NAME EMMANUEL Turcotte
1.3 STREET ADDRESS 3952 Palaudr
1.4 CITY-ST-ZIP Sarasota FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE U-P
2.2 NAME Michelle Turcotte
2.3 STREET ADDRESS 3952 Palaudr
2.4 CITY-ST-ZIP Sarasota, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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]

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CR2E034 (10/97)