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Feb 05 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 # P94000093404 (9)

1. Corporation Name
TILE PLUS, CORP.



Principal Place of Business
96 NEW BRITIAN
ORMOND BEACH FL 32074

Mailing Address
96 NEW BRITIAN
ORMOND BEACH FL 32174-5624

2. Principal Place of Business
21 1 WAYLAND PLACE
Suite, Apt. #, etc.
22
City & State
23 PALM COAST, FL
Zip
24 32137
Country
25 FLA
26 P.O. BOX 350391
Suite, Apt. #, etc.
27
City & State
28 PALM COAST, FL
Zip
29 32135-0391
Country
30 FLA

3. Date Incorporated or Qualified
12/27/1994
3a. Date of Last Report
04/19/1996
4. FEI Number
59-3292733
Applied For
Not Applicable
5. Certificate of Status Desired
8.75 Additional
Fees Required
6. Election Campaign Financing
Trust Fund Contribution
5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent

PACI, VICTOR
96 NEW BRITIAN
ORMOND BEACH FL 32074

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1 WAYLAND PLACE
83
84 City
PALM COAST, FL
FL
85 Zip Code
32137

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 of principal or principal-in-charge of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
P
NAME
PACI, VICTOR
STREET ADDRESS
1 WAYLAND PL
CITY-ST-ZIP
PALM COAST FL
TITLE
VP
NAME
PACI, JOSEPH
STREET ADDRESS
97 FLEETWOOD DR
CITY-ST-ZIP
PALM COAST FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TE
1.2 ME
1.3 STREET ADDRESS
1.4 C-ST-ZIP
2.1 TE
2.2 ME
2.3 STREET ADDRESS
2.4 C-ST-ZIP
3.1 E
3.2 ME
3.3 STREET ADDRESS
3.4 C-ST-ZIP
4.1 E
4.2 ME
4.3 STREET ADDRESS
4.4 C-ST-ZIP
5.1 E
5.2 ME
5.3 STREET ADDRESS
5.4 C-ST-ZIP
6.1 E
6.2 ME
6.3 STREET ADDRESS
6.4 C-ST-ZIP
40 PITTWICK LANE
PALM COAST, FL 32164

14. I do hereby certify that the information supplied with this filing does not qualify for 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

Date

Daytime Phone #

CR2E034 (9/96)