FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P95000006393 (9)

1. Corporation Name

DCN TILE INC.

Principal Place of Business

1517 SE 4TH COURT
DEERFIELD BEACH FL 33441

Mailing Address

1517 SE 4TH COURT
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: **01/25/1995**

3a. Date of Last Report:

4. FEI Number: **65-0548971** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

MINERLEY, KENNETH L
ONE CROCKER SQUARE 4TH FLOOR
BOCA RATON FL 33431

10. **Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Section 607.0505, 1996, 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: DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MATHIOT, DOMINIQUE	
STREET ADDRESS	C/O 1517 SE 4TH COURT	
CITY, ST, ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	☐ DELETE
NAME	MATHIOT, CHRISTIANNE	
STREET ADDRESS	C/O 1517 SE 4TH COURT	
CITY, ST, ZIP	DEERFIELD BEACH FL 33441	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7 TITLE	☐ Change ☐ Addition
8 NAME	
9 STREET ADDRESS	
10 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
35 TITLE	☐ Change ☐ Addition
36 NAME	
37 STREET ADDRESS	
38 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied within this form is correct, to the best of my knowledge, and that I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained in this report or amendment to a business entity's annual report shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or other business entity required to file 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 attached sheet, with my title.

SIGNATURE: X Dominique Mathiot — X 3/2/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Electronic Filing