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 # **P95000008450 (5)**

1. Corporation Name

LATERZA TILE, INC.

Principal Place of Business	Mailing Address
3923 LAKE WORTH RD SUITE 108 LAKE WORTH FL 33461	3923 LAKE WORTH RD SUITE 108 LAKE WORTH FL 33461

3. Date Incorporated or Qualified: **01/27/1995**

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Street: 5981 Woodwind Ct	26 Street: 5981 Woodwind Ct
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Greenacres, FL	28 City & State: Greenacres, FL
24 Zip: 33463 25 Country: USA	29 Zip: 33463 30 Country: USA

4. FEI Number: applied for — ✓ 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

9. Name and Address of Current Registered Agent

LATERZA, CHRISTOPHER A
3923 LAKE WORTH RD
SUITE 108
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

81 Name: Christopher A. Laterza
82 Street Address (P.O. Box Number is Not Acceptable): 5981 Woodwind Ct
83
84 City: Greenacres **FL** 85 Zip Code: 33463

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.

X SIGNATURE: Christopher A. Laterza — DATE: 4/27/96

Signature, typed or printed name of registered agent, and title if applicable. (Only the Registered Agent's signature is required when not changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVD LATERZA, CHRISTOPHER A 3923 LAKE WORTH RD SUITE 108 LAKE WORTH FL 33461	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PVD Laterza, Christopher A. 5981 Woodwind Court Greenacres, FL 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LATERZA, LYNNMARIE 3923 LAKE WORTH RD SUITE 108 LAKE WORTH FL 33461	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	STD Laterza, LynnMarie D. 5981 Woodwind Court Greenacres, FL 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

X **SIGNATURE:** Christopher A. Laterza — 4/27/96 — 407-641-3271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #