FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000017046 (0)

TILE SPECIALTIES CONTRACTOR, INC.

Principal Place of Business Mailing Address						14440 TOBAT OBATA BEDIA BEIN 1986
4449 EAST SPRUCE DRIVE DUNNELLON FL 34434 US		4449 EAST SPRUCE DRIVE DUNNELLON FL 34434 US		DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualified	
9 Principal Pl	ace of Business	2a. Mailing Address			02/28/1995 4. FEI Number	Applied For
21		26		59-3301515	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the	Added to Fees
24	25	29	30	•	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent
HALL, RICHARD E			8	1 Name		
	9 EAST SPRUCE DRIVE		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
DUI	NNELLON FL 34434		8	3		
			L.			
			8	4 City	F	85 Zip Code
office or re	o the provisions of Sections 607 C ogistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such change w	as authorized I	by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	to take the first and the copy of the con-	agentino or, executin der toos	, i londa bialor	3 5.		
Signature, typed or printed name of registured agent and thur if applicable. (NOTE				gent signature requ	red when reinsleting) DAT	
12.		AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12 Change Addition
TITLE [D Hall, Richard E		1.1 TITLE 1,2 NAM	\		FT change FT vontion
STREET ADDRESS	4449 E SPRUCE DR			ET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		1.4 CITY	-ST-ZIP		
TITLE			2 1 T!TLE			Change Addition
NAME			2.2 NAM-	E		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY		-	Change Addition
TITLE NAME			3.1 TITLE 3.2 NAM			Ti cuande Ti vontroit
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	· · · · · · · · · · · · · · · · · · ·		
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- ST- ZIP		
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 City 6.1 Title			Change Addition
NAME		C) pettie	6.2 NAM			C Ollarigo C Noothori
STREET ADDRESS			4	ET ADDRESS		
CITY-ST-2IP			6.4 CITY	- 1		
W. E.						

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 13 if changed, or on an attachment with an address.