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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018661 (5)

Principal Place of Business Mailing Address  1711 FERN FOREST PL DELRAY BEACH FL 33445  BECK'S TILE & MARBLE, INC.  Mailing Address  1711 FERN FOREST PL DELRAY BEACH FL 33445						
		••••			DO NOT WRITE IN TH	IS SPACE
					Date Incorporated or Qualified     03/03/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0560137	Not Applicab
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry	8. This corporation owes or has paid the	
4	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Registere	d Agent
11. Pursuant office or agent 1 a	to the provisions of Sections 607.0 registered agent, or both in the Sta im familiar with, and accept the obli	502 and 607.1508, Florida State of Florida Such change willigations of, Section 607.0505	atules, the avas authorized, Florida Sta	84 City above-named cored by the corporatutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
SIGNATURE			Mari Della			
12.	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS	(NOTE: Register	ed Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE		TITLE	. Serionojon indee to of the non	Change Addition
NAME	BECK, SAMUEL		1.21	NAME		·
STREET ADDRESS	1711 FERN FOREST PL		1.3	STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4	CITY-ST-ZIP		
TITLE	☐ DELETE		2.1	TITLE		Change Addition
NAME			2.2	NAME.		
STREET ADDRESS			2.3	STREET ADDRESS		
CITY-ST-ZIP				CITY - ST - ZIP		
TITLE		DELETE	3.1	IITLE		Change  Addition
NAME				NAME		
STREET ADDRESS			3.3	STREET ADDRESS		
CITY-ST-ZIP		I here the		CITY-ST-ZIP		Change Additio

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 suppliemental 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

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

LA PURA ELMINE PER DOLLOGE

DELETE

DELETE

561-498

Change

Change

Addition

Addition

**FILED** 

May 20 1998 8:00am

Secretary of State