

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED

98 SEP 28 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000020778**
1. Corporation Name
INNOVATIVE TILE OF BROWARD INC

Principal Place of Business
**8551 NW 52ND PL
CORAL SPRINGS FL
33067**

Mailing Address
**40 CPA
P.O. BOX 6006
BUCA RATON FL
33427**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc. 22. City & State 23. Zip 24. Country	26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
FL	FL

3. Date Incorporated or Qualified 03-15-95	
4. FEI Number 605-0571347	Applied For No: ☐ Yes: ☐
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
**NADLER, TOM B
8551 NW 52ND PL
CORAL SPRINGS, FL 33067**

10. Name and Address of New Registered Agent

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

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		NOTE: Registered Agent Signature required when reinstating		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME		1.2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY, ST, ZIP		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		2.4 CITY, ST, ZIP			
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY, ST, ZIP		3.4 CITY, ST, ZIP			
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY, ST, ZIP		4.4 CITY, ST, ZIP			
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY, ST, ZIP		5.4 CITY, ST, ZIP			
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY, ST, ZIP		6.4 CITY, ST, ZIP			

14. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided 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: **TOM B NADLER** **9-10-98**

CR2E034 (5/98)