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

PROFIT CORPORATION ANNUAL REPORT

1999

LEVINSON, ABRAHAM

3500 W. 45TH STREET **WEST PALM BEACH FL 33407**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90044 018 ***150.00

DOCUMENT # POSOCOO23054

1. Corporation Nam INNOVATIVE	TILE OF FLORIDA,	INC.					
Principal Place of Business		Mailing Addres	s				
3500 W. 45TH STREE WEST PALM BEACH		3500 W. 45TH STREET WEST PALM BEACH FL 33407					
2. Principal Place o	f Business	2a. Mailing Add	dress				
		2a. Mailing Add					
21 Suite, Apt. #, etc.		26 Suite, Apt. 4	#, etc.				
Suite, Apt. #, etc 22 City & State		26 Suite, Apt.	#, etc.				
21 Suite, Apt. #, etc.		Suite, Apt. 4 27 City & State	#, etc.				



Applied For

Fee Required

\$5.00 May Be --Added to Fees

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

03/20/1995 4, FEI Number

65-0569883

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

6: Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

			84	04.					85 2	Zip Co	de	
	•		84	City				FL	63 4	ip co	46	
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: Peripheral Agent signature required when reinstating)												
Signature, typeo or printed name or registered agent and true it applicable. WHATE, registered registration agent and true it applicable.												
12.	OFFICERS AND DIRECTORS				ADDITIO	NS/CHANGES	S TO OFFICE	NO AND	Char		Addition	
TITLE	PSD DELE								<u>⊢</u> 1 one.	igo		
NAME	LEVINSON, ABRAHAM	1.2 NA	ME									
STREET ADDRESS	1660 WILTSHIRE VILLAGE DRIVE	1.3 ST	REET	ADDRESS			•					
CITY-ST-ZIP	WEST PALM BEACH FL 34490		TY-ST-	ZIP								
TITLE	☐ DELI	ETE 2.1 TIT	LΕ				•		Char	nge	☐ Addition	
NAME		2.2 NA	ME									
STREET ADDRESS		2.3 ST	REET/	ADDRESS					•		J	
CITY-ST-ZIP		2. 4 C	TY-ST	-ZIP								
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STREET ADDRESS		3.3 ST	REET /	ADDRESS								
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NAME		5.2 NA	ME								{	
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CITY-ST-ZIP		5.4 CI	TY-ST-	-ZIP								
TITLE	☐ DELI	6,1 TF	ΠE						Chai	nge	Addition	
NAME ·		6.2 N/	ME.								}	
STREET ADDRESS	•	6.3 ST	REET	ADDRESS								
CITY-ST-ZIP	_		TY-ST-									
14. I hereby	certify that the information supplied with this filing does not qu	alify for the exe	mptic	on state	d in Section 119.07	(3)(i), Florida S	Statutes. I furt	her certi	fy that t	the inf	ormation	

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indicated on this annual report or supplemental annual report is thue 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 on 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, with all other like empowered.

SIGNATURE:

561-683-8841