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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

DOCUMENT # P95000025544

TILE CONCEPTS OF CLEARWATER, INC.

Principal Place of Business	Mailing Address				Railt Adite tiest erret stort		
3020 W KENNEDY BLVD	3020 W KENNEDY BLVD						
STE B	STE B			DO NOT INDITE	TA MATANITITE IN THIS SOLOF		
TAMPA FL 33609					IN THIS SPACE		
US	US			3. Date Ir corporated or Qualifed 03/30/1995			
2. Principa Place of Business	2a. Mailing Address		_	4. FEI Number	} +	pried For	
21	26			59-3307116		lot Applicable	
Suite, A xt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional lecuired	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be tc Fees	
Zip Cour try	Zip	Cou	ntry	8. This corporation owes the curren	t year ntangible		
24 25	29	30		Persor al Property Tax.	Pes	□No	
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent		
IKONOMIDIS, DIMITRIOS G			81 Name	e			
3020-B W KENNEDY BLVD			82 Stree	et Acdress (P.O. Box Number is Not Acceptable	e)		
UNIT S TAMPA FL 33609			83				
1AMPA PC 33009			84 City		FL 85 Zip	Code	
dd Duran at to the provisions of Sustings 607.0	50° and 607 1508. Florida Stati	tec the al	nove-name	od corporation submits this statement for the ex		s registered	
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATUFE Signature, typed or printed name of registered a	I Konomidis	F: Registered	Acent sindebut	e reg ired when reinstating)	DATE		
	ANI) DIRECTORS	13.	rigoni dignisian	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12	
TITLE P	☐ DELETE	1.1 TIT	1E		Change	☐ Addition	
NAME IKONOMIDIS, DIMITRIOS G		1.2 NA	ME				
STREET ADDRESS 4529 W-KENNEDY BLVD	8020 - B W. KELLENY	BLOD 13 ST	REET ADDRES	s			
		1	Y-ST-ZIP				
TITLE TP	TAMON, FL 33609	2.1 117			☐ Change	Addition	
NAME FORBES, GREGORY A	, •	2.2 NA	ME				
STREET ADDRESS 4520 W KENNEDY BLVD 3	OLD-B W-KEWEDY B	2.3 ST	REET ADDRES	ss			
CITY-ST-ZIP -TAMPA-Ft	Aug. 14 33607	2.4 CI	TY-ST-ZIP				
TITLE AVP	DELETE	3.1 TIT			☐ Change	Addition	
NAME ANNENOS, NICHOLAS A		3 2 NA	ME			ŀ	
STREET ADDRESS 3020-B W KENNEDY BLVD		33ST	REET ADDRES	es			
CITY-ST-ZIP TAMPA FL 33609		34 CI	TY-ST-ZIP				
TITLE V.P.	☐ DELETE	4.1 111	LE		☐ Change	☐ Addition	
NAME AlliSON FORDES		4. 2 N	AME				
STREET ADDRI SS 3020 - B W. KENNE	IN BLUD	4.3 ST	REET ADDRES	ss .			
CITY-ST-ZIP TAMPA FL. 33	6 (9	4.4 CI	TY-ST-ZIP				
TITLE	☐ DELETE	5.1 TIT			☐ Change	Addition	
NAME		5 2 NA	ME				
STREET ADDRESS		5.3 ST	REET ADDRES	ss			
CITY-ST-ZIP		5.4 CI	TY-ST-ZIP				
TITLE	☐ DELETE	6.1 TIT	TLE		☐ Change	Addition	
NAME		6.2 N	ME				
STREET ADDRESS		6.3 ST	REET ADDRES	as		(

hereby certify that the information supplied with this filing does not qualify 1or he exemption stated in Section 119.0 (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 attact when twith an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Divnitsios IKanomids 4-9-99 813673-8044