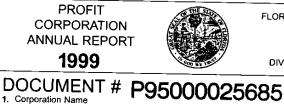
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## **FILED** Feb 20, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State 02-20-1999 90001 022 \*\*\*150.00

MELILLI TILE & STONE, INC.					
				( 1880) 481 HE (818) BUTH 8810 BRITT BRITT	16116 (1681 81118 81181 18181 8111 180)
	·				
	ace of Business	Mailing Address			18119 11801 BITE BELGE (8181 BLIV 1881
7677 NW 57TH STREET 7677 NW 57TH STREET					
TAMARAC FL 33321 TAMARAC FL 33321				1	
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
2. Principal	Place of Business	2a, Mailing Address		03/28/1995	
21		26. Walling Address		4. FEI Number	Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	·	65-0576391	Not Applicable
22	;	27		5. Certifcate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State		O Flories Occasion 5	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation owes the current year	Added to Fees
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registers	
MEI	LILLI, JOHN		81 Name		
	7 NW 57TH STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>
	MARAC FL 33321				
			83		
			84 City		
11 Pursuant	to the provisions of Sections COZ	0500	1 1	F	85 Zip Code
office or	registered agent, or both, in the St	osoz and 607.1508, Florida Statute ate of Florida. Such change was au	s, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent. 1 a	am ramiliar with, and accept the ob	ligations of, Section 607.0505, Flori	ida Statutes.	on a board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable		<u> </u>	
12.		AND DIRECTORS	Registered Agent signature require 13.		
TITLE	D	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	
NAME	MELILLI, JOHN SR.		1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	,		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33351	, 	1.4 CITY-ST-ZIP		;
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		CT custifier T variation
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		1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
VAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	·	ļ
TTLE			4.4 CITY-ST-ZIP	<u> </u>	
IAME		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		}
ITLE			5.4 CITY-ST-ZIP		
IAME		L_] DELETE	6.1 TITLE		Change Addition
TREET ADDRESS			6.2 NAME		
ITY-ST-ZIP			6.3 STREET ADDRESS		
· · · · · ·			6.4 CITY-ST-ZIP		I

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 Block 12 or Block 13 if changed, or or ad attachment with an address, with all other like impowered.

SIGNATURE:

154-724-5860