SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P95000049355 (7)

UNIVERSAL POOL TILE SUPPLY, INC.

	e of Business	Mailing Address		I HORFIONE HIN ICIDE WILLE CARE BORIE OFFI	i marri minta tainh tions dolbt dill inde
1326 SE 46 LI CAPE CORAL		1326 SE 46 LN CAPE CORAL FL 33904			
				3. Date Incorporated or Qualified 06/21/1995	3a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
<u>1 2155</u>	AUDREA LN	26		65-0589670	Not Applicable
Suite, Apt. #	#, etc 1_	Suite, Apt #, etc.	ME	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	55.00 May Be
3 FT.	MYERS IT.	28		Trust Fund Contribution	Added to Fees
⊒ Zip ⊐ DDA i	Country	Zip	Country	8. This corporation has liability for in	
4 3391		29	30	Florida Statutes	Yes X No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Reg	stered Agent
POL	LOTTO, JOSEPH		81 Name	SAME	
1326 SE 46 LN				82 Street Address (P.O. Box Number is Not Acceptable)	
CAF	PE CORAL FL 33904		31	SS ANDREA LN.	
			83		
			84 City T	~ ^^	85 Zip Code
			 	T, MYERS proporation submits this statement for the pure	FL 3391a
United the It	0 3 10 10 10 10 10 10 10 10 10 10 10 10 10	or mondal issum change was a	athorized by the corpor	ation's board of directors. Thereby accept t	the appointment as registered
agent. I an SIGNATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes	ation's board of directors. Thereby accept t	
agent. I an SIGNATURE	m familiar with, and accept the obligation of my zeed age	ations of, Section 607,0505, Flo	orida Statutes E. Bogulered Agents gnatura re	ation's board of directors. Thereby accept t	()A' }
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CITY-ST-ZIP 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Florida Statutes 1 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 logal effect as if made under earlit, that I aim an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME

61 TITLE

€ 2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

SIGNATURE: 4

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

DELETE

Change Addition

FILED

95 JUL 25 AM 8: 58

SEGNETARY OF STATE TALLAHASSEE, FLORIDA

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