
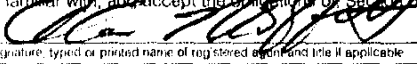



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000056407 (6)					
1. Corporation Name TILE & MARBLE BY SURFACING SPECIALIST, INC.					
Principal Place of Business 509 U.S. HIGHWAY #1 LAKE PARK FL 33403			Mailing Address 509 U.S. HIGHWAY #1 LAKE PARK FL 33403-3557		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1995	
21 SAME		26 3620 PALM DR		3a. Date of Last Report 06/24/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0599459	
23 City & State		28 Riviera Bch, FL		Applied For Not Applicable	
24 Zip		29 33404		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MOFFITT, CHRISTOPHER B 509 U.S. HIGHWAY #1 LAKE PARK FL 33403			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:  Christopher B. Moffitt (P.O.) 4/29/97					
12. OFFICERS AND DIRECTORS					
1.1 TITLE D 1.2 NAME MOFFITT, CHRISTOPHER B 1.3 STREET ADDRESS 509 U.S. HIGHWAY #1 1.4 CITY-ST-ZIP LAKE PARK FL 33403					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
14. I do 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 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:  4/29/97 561-844-0175					

CR2E034 (9/96)