PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500061369

Country

9. Name and Address of Current Registered Agent

25

NORTH LAUDERDALE FL 33068

ROGERS, SCOTT A

641 SW 83 AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

21

TOTAL TILE ENTERPRISES, INC.

| , | |
|---|---|
| Principal Place of Business | Mailing Address |
| 641 SW 83 AVENUE NORTH LAUDERDALE FL 33068 | 641 SW 83 AVENUE NORTH LAUDERDALE FL 33068 |

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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Feb 17, 1999 8:00 am Secretary of State

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|------------|--|------------|-----------------------------|--|--|
| | DO NOT WRITE IN THIS SPA | CE | | | |
| 3. | Date Incorporated or Qualifed | | | | |
| | 08/08/1995 | | • | | |
| l, | FEI Number | Γ | Applied For | | |
| | 65-0600959 | | Not Applicable | | |
| 5. | Certifcate of Status Desired | | 75 Additional e Required | | |
| 5 . | | | 00 May Be ted to Fees | | |
| 3. | This corporation owes the current year Intangit Personal Property Tax. | ole Yes | □No | | |
|). | Name and Address of New Registered Agent | | | | |
| | | | | | |

85

Zip Code

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

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.

Country

81 Name

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84 City

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| agent. i a | in familial with, and accept the obligations of, occasin corrected, rich | au Cialatoo. | |
|----------------|--|-------------------------------|---|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: | Registered Agent signature re | equired when reinstating) DATE |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D DELETE | 1.1 TITLE | . Change Addition |
| NAME | ROGERS, SCOTT A | 1.2 NAME | |
| STREET ADDRESS | 10121 WEST SUNRISE BLVD, APT 203 | 1.3 STREET ADDRESS | · · · · · · · · · · · · · · · · · · · |
| CITY-ST-ZIP | PLANTATIONS FL 33068 | 1.4 C/TY-ST-ZIP | |
| TITLE | D DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | COHEN, JORDAN | 2.2 NAME | |
| STREET ADDRESS | 641 SW 83 AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | , Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME . | | 4. 2 NAME | |
| STREET ADDRESS | ' | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | ! |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | , |
| STREET ADDRESS | P | 5.3 STREET ADDRESS | · · |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | 5.4 CITY-ST-ZIP | |
| TITLE | □ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | .• · · |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | i | 6.4 CITY-ST-ZIP | |

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 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, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR