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CORPORATION ANNUAL REPORT

1997



DOCUMENT # P95000061923 (5)

FLORIDA DEPARTMENT F STATE

Sandra B. Morti

Secretary of Sta

DIVISION OF CORPORATIONS

FILED Apr 15 1997 8:00am Secretary of State

EXCEL TILE CONTRACTING	, INC.			
Principal Piace of Business	Mailing Address		RAINE AND: WANT HOUR HOOF WE HAT	
O1 N 74TH AVE IOLLYWOOD FL 33024	401 N 74TH AVE HOLLYWOOD FL 33024-7248			
		3. Date Incorporated or Qualified 08/10/1905	3a. Date of Last Report	

	The state of the s	T 4				1 00/01/1000	
2. Principal	Place of Business	2a. Mailing Address			4, FEI Number	Applied For	
21		26			65-0604461	Not Applicable	
Suite, Ap	ot. #, etc.	Suite, Apt #, etc.				\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & St	ato	City & State			Clastics Occasion Figure 1		
}·~,	0.0	}			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cour	ntry	 This corporation has liability for 	r intangible tax under s. 199 032,	
24	25	[29]	30		Florida Statutes	Yes 🔲 No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered Agent	
GA	INIS, STEVEN B		7	81 Name			
			L				
	401 N 74TH AVE			82 Street Address (P.O. Box Number is Not Acceptable)			
) HU	HOLLYWOOD FL 33024						
}				B3}			
*							
1];	B4 City		85 Zip Code	
	607.0	FOD	422 1 2 2				
11. Pursuar	it to the provisions of Sections 607.0 riverstated agent, or both, in the Sta	502 and 607.1508, Fiorida Stati ite of Florida, Such change was	utes, the ab	ove-named cor by the cornors	rporation submits this statement for the	purpose of changing its registered	
agent. I	am lamiliar with, and accept the obl	igations of Section 607.0505, I	Florida Statu	ites.	ation's board of directors. I hereby according	opt the appointment as registered	
	•						
SIGNATURE	Signal as if year or proced hand of registered a	agent and little if applicable (NO	OTE: Registered	Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	13 10	E		Change Addition	
	GANIS, STEVEN B					County Carrier	
NAME			. 1.2 NA	VIE }			
STREET ADDRESS			1.3 STF	EET ADDRESS			
CIFY -S1 - ZIP	HOLLYWOOD FL 33024		1.4 CIT	Y-ST-ZIP			
IIId		DELETE	21			Change Addition	
1	ł	_	2.21	1			
NAME			1 1	1			
STREET ADDRES	5 /		2.3 5 6	EET ADDRESS			
CHY-ST-ZIP			2.4	Y-ST-ZIP			
HILE		DELETE	3.1	E		Change Addition	
NAME	(32	AE Î			
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STREET ADDRESS	s		3.3	EET ADDRESS			
ČITY - S1 - ZIP	J		3.4	Y - ST - ZIP			
11111		☐ DELETE	4.1	E		Change Addition	
NAM:			4	ME			
1	. (1			
STREET ADDRESS	5		4.	ET ADDRESS			
City-St-7.9			4.4	- S1 - ZIP			
TITLE		☐ DELETE	5.1	E		Change Addition	
NAME:	1		5.2	AE			
	2		1 8	EET ADDRESS			
STREET ADDRES	·)		, j	j			
Cify-Si-7iP				Y-SY-ZIP			
Time	J	☐ DELETE	6.1	LE J		Change Addition	
NAME			6.2	VIE [
STREET ADDRES	e		6.2	EET ADDRESS			
	10			1			
CHY-51-20	1	1 1 24 12 12	6.4	Y-ST-ZIP	die Contine 110 07(0)(0) Florido Cont		

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclinated in 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 arguittichment with an address.