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PROFIT
CORPORATION
ANNUAL REPORT
1999



DOCUMENT # P9500064760

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORP

State RFF 3-1-99

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90018 016 \*\*\*150.00

1. Corporation	RRANEAN MARBLE (NORTH)	), INC.		,	 	Pius enia fusia i <b>llia</b>		;
	·	<u> </u>						;
Principal Place	e of Business	Mailing Address						
2201 NORTH ANDREWS EXTENSION 2201 NORTH ANDREWS EXTENSION								,
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069					DO NOT WRITE IN T	HIS SPACE		
]					3. Date Incorporated or Qualifed			,
					08/22/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<del>  </del>	olied For	
21		26			65-0626629		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	dditional guired	
22 CH. 9 CH.		City & State		A Flashin Compain Financing	\$5.00		_	
City & State		28		6. Election Campaign Financing Trust Fund Contribution	Added to	•		
Zip	Country	Zip	Countr	<u>.</u> У	This corporation owes the current year			•
24	25	29	0	•	Personal Property Tax.		□No	
271	9. Name and Address of Current	<u> </u>	I		10. Name and Address of New Registe	red Agent		
			8	1 Name				
	SCH, VIVIAN		8:	2 Street Ado	dress (P.O. Box Number is Not Acceptable)			
3023 PRAIRIE ROAD			Ľ	- Olloot ride				
MIAN	MI BEACH FL 33140		8:	3			ł	
			8	4 City		85 Zip C	Code	
}			i	1 7				
11. Pursuant	to the provisions of Sections 607 0502	2 and 607.1508, Florida Statutes	the abor	ve-named cor	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its	registered   gistered	
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ayon. ra	in tallina will but abode and head	ions or, section but 10005, right	ia Statute	S	1 1 2	9 0		
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SIGNATURE	Signature, typed or painter name or registered apen	t and title if applicable. (NOTE: Re	Registered Ag	e con the	red when reinstating) 5- U	\ \ \		(86)
SIGNATURE	Signature, typed or pintor name of registered aper OFFICERS AN	t and title if applicable. (NOTE: Re	tegistered Ag	ent signature requir	$J$ , $Or _{\underline{}}$	\ \ \		11/98)
SIGNATURE 12. TITLE	Signature, types or pinter name of registered aper OFFICERS AN	t and title if applicable. (NOTE: Re	13.	ent signature requir	red when reinstating) 5- U	S AND DIRECTO	RS IN 12	(4 (11/98)
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N-SI-OP ... 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 in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in 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 13 if planged, or on an estachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NGNATURE:

Mes.

954-971-555