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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000068315

1. Corporation Name

TILE DESIGNS, INC.						1 180 HORE LIE 1818 SCH1 BOKH BEHL BOHL BOHL BOHL	. 8:181 (8188 11) 81	14 88 (8 ()(2 88 (
Principal Place	e of Business	Mailing Address						51881 B)((1081
2313 E OCEAN BLVD 2313 E OCEAN BLVD								
STUART FL 34996		STUART FL 34996 US				DO NOT WRITE IN THIS SPACE		
03		00				3. Date Incorporated or Qualifed 08/31/1995	•	
2. Principal P	lace of Business	2a. Mailing Address	,			4. FEI Number	Ap	plied For
21		26				65-0608145		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	J.			5. Certificate of Status Desired	\$8.75 A	
22		27					Fee Re	·
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	,
Zip	Country	Zip		Country	,	8. This corporation owes the current year Ir	tangible	_
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		-	T 81	10. Name and Address of New Registered	Agent	
nec.	TED CHEILA			81	Name			
HESTER, SHEILA 2313 E OCEAN BLVD				82	Street	Address (P.O. Box Number is Not Acceptable)		
STUART FL 34996				83	 			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11 12 01000			00				
				84	City	FI	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida	Statutes.	the abov	L. e-named		f changing its	registered
office or n	egistered agent, or both, in the State of manifiar with, and accept the obligation	f Florida, Such change	was auth	orized by	the corpo	corporation submits this statement for the purpose operation's board of directors. I hereby accept the apporation	intment as reg	gistered
_	m faithlaí with, and accept the congett	0113 01, 0000011 001 .000	0, 1 101100					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	gistered Age	nt signature r	equired when reinstating) DATE		
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	☐ DELETÉ		1.1 TIPLE S		Secretary Gordan Anderson 2313 E. Ocean Blod.	Change	Addition
NAME	HESTER, SHEILA			1.2 NAME		Gordan Anderson		
STREET ADDRESS	2313 E OCEAN BLVD				1 ADDRESS	2313 (2.000)		
CITY-ST-ZIP	STUART FL		TC	1.4 CITY-5	T-ZIP	Stuart, F1. 34896	Change	☐ Addition
TITLE	Secritory	L_] UELE	15	2.1 TITLE			Change	
NAME				2.2 NAME	TADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		☐ DELE	TE	2. 4 CITY- 3.1 TITLE	31-212		Change	Addition
NAME				3.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				3.4. CITY-				
TITLE		☐ DELE	TE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY-ST-ZIP		_		4.4 CITY-5	ST-ZIP			
TITLE		☐ DELE	TE	5.1 TITLE			Change	Addition

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Change

Addition