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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000086859 (2)**

1. Corporation Name  
**BOGART'S TILE, INC.**

Principal Place of Business

**8817 PHELPS ROAD  
HUDSON FL 34667  
US**

Mailing Address

**8817 PHELPS ROAD  
HUDSON FL 34667-4222  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/09/1995</b>	3a. Date of Last Report <b>01/29/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>-APPLIED FOR 59-3353489</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BOGART, LINDA M 8817 PHELPS ROAD HUDSON FL 34667</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	
NAME	<b>BOGART, ERIC J</b>	1.2 NAME	
STREET ADDRESS	<b>8817 PHELPS ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HUDSON FL 34667</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VST</b>	2.1 TITLE	
NAME	<b>BOGART, LINDA M</b>	2.2 NAME	
STREET ADDRESS	<b>8817 PHELPS ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HUDSON FL 34667</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VST</b>	3.1 TITLE	
NAME	<b>BOGART, LINDA</b>	3.2 NAME	
STREET ADDRESS	<b>8817 PHELPS ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HUDSON FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

 **LINDA M. BOGART** 3/26/97 (813)869-8453

CR2E034 (9/96)