FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009904 (9)

4507 W COMANCHE AVE 4507 W COMA TAMPA FL 33614 TAMPA FL 336
--

FILED Mar 19 1998 8:00am Secretary of State

TAMPA WHOLESALE TILE & TOOL, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1996 4, FEI Number 2a. Mailing Address Applied For 21 Not Applicable 26 65-0645898 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name LEVIN. JEROME S ESQ **1680 FRUITVILLE ROAD** Street Address (P.O. Box Number is Not Acceptable) SUITE 102 SARASOTA FL 34236 85 Zip Code Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authoriz
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida St we-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE TITLE Change Addition NAME GREENBAUM, GLENN F 1.21 **1931 13TH STREET** STREET ADDRESS KEET ADDRESS SARASOTA FL 34236 CITY - S1 - ZIP Y-ST-ZIP TITLE DELETE 2.1 NAME GREENBAUM, HARVEY 2.2 N Μŀ 1931 13TH STREET STREET ADDRESS 2.3 SIREE1 ADDRESS SARASOTA FL 34238 CITY-ST-ZIP 2. 4 0 TY - ST - ZIP **Addition** VICE PRESIDENT Change TITLE DELETE 3 1 T#LE CHANES GREENSAUN 4507 W. CUMANCHE AND TAMPA, FLOURA 33614 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4 CITY-ST-ZIP Addition TITLE DELETE 4.4 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITL€ TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

14. Thereby confift 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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

SIGNATURE: <

813.864