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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000018987 (3)

DEBRON'S CERAMIC TILE, INC.

Principal Place of Business

Mailing Address

17708 WENDY SUE AVE HUDSON FL 94867

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17708 WENDY SUE AVE HUDSON FL 34667-5913

## FILED Apr 21 1997 8:00am Secretary of State



					02/28/1996	Sa. Date of L	ast neport	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
21	26				593-36-8414		Not Applicable	
Suite, Apt.	<b>-</b>		ite, Apt. #, etc.				75 Additional se Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution		ided to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for in	ıtangible tax un	der s. 199.032,	
24	25	29	30			Yes No		
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent								
	IWARTZ, RONALD L		8	Name Kon	IALD L. Schwa	R+2		
11117 MCKINLEY DRIVE				LB21 Street Address IP U. Box Number is Not Acceptable)				
PORT RICHEY FL 34688								
			8	3				
	•		8	4 City	( /	<b></b> 85	Zip Code	
:				Thid	ひいん	_FL  * <u>`</u>	7,667	
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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE ROUND L. Schwart 2 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE								
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12	
TITLE	President	☐ DELETE	1.1 TALE			☐ Cha	ange Addition a	
NAME	RONALO L. Schwar		1.2 NAM	<b>:</b>			2	
STREET ADDRESS	17708 Wordy Sue	Ave	1.3 STRE	E1 ADDRESS	•		Į Š	
CITY-ST-ZIP	Muds on PD. 3466	7	1.4 CH Y	- ST - ZIP			3	
TITLE .	VICE - President	DELETE	2.1 TITLE			☐ Cha	ange Addition C	
NAME	DEBTA SCHWART	<b>≥</b> .	2.2 NAM	: (			1	
STREET ADDRESS	17708 Wendy 54.		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	iduds on FL. 34	667	2. 4 CITY	- ST- ZIP				
TITLE	ROWALD L. Schwar	DELETE	3.1 TITLE			Cha	ange Addition	
NAME	RONALO C. SCHWA	Rt 2	3.2 NAM	:				
STREET ADDRESS	17708 worky Sue	, Ave	3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	Budson FL 346		3.4. CITY	- ST - <b>Z</b> IP				
TITLE	masurer	☐ DELETE	4,1 TITLE			☐ Cha	ange Addition	
NAME	Debla Shame		4. 2 NAM	E				
STREET ADDRESS	17700 WENDY Sue.	70 =	4.3 STRE	ET ADDRESS			1	
CITY-ST-ZIP	Loudson Pl. 346		4.4 City-	ST-ZIP		<u>-</u>		
TITLE		[] DELETE	51 TITLE			☐ Cha	ange L. Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	1 ADDRESS				
CITY-\$T-ZIP			5 4 C(TY-					
TITLE		☐ DELETE	61 TITLE	J		Cha	inge 🔲 Addilion	
NAME			6.2 NAME				ĺ	
STREET ADDRESS			63 STREE	1 ADDRESS				
CITY-ST-ZIP		Salvania Project	64 C(1)Y-					
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 my attachment with an address.								

IGNATURE PERSON Sell WIT MONAL SCHOOLS 8/2/97 8/2010.050