3-2097 6- 7618 -XC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025780 (3)

KEY BISCAYNE TILE CRAFT, INC.

Principal Place of Business Mailing Address 104 CRANDON BLVD STE 303 KEY BISCAYNE FL 33149 Principal Place of Business 104 CRANDON BLVD STE KEY BISCAYNE FL 33149-1			O STE 303 33149-1542		- I SOPPOST NO TONE ONLY CONTROLLY CONTROLLY STATE THE STATE THE STATE OF THE STATE		
					3. Date Incorporated or Qualified 03/19/1996	3a. Date of Last Re	
2. Principal P	lace of Business	2a. Mailing Address	S		4. FEI Number		plied For
21		26	····		65.0579750		t Applicable
Suite, Apt	#, etc.	├ ──	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	
City & State	0	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	t bebbA	
	Zip Country		p Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 29 30 9. Name and Address of Current Registered Agent		30		Florida Statutes		
P.A.L	OGH, ARTHUR W JR		8	Name			
	SUNRISE DRIVE APT F		8	Street Addr	ess (P.O. Box Number is Not Acceptab	161	
KEY	BISCAYNE FL 33149		L				
			8:	3			
			В	City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida	Statutes, the abo	ve-named corp	oration submits this statement for the pion's board of directors. I hereby acception	urpose of changing its	s registered
agent la	m familiar with, and accept the c	obligations of, Section 607.05	05, Florida Statut	by the corporati 98.	ion's board of directors. I hereby acces	or the appointment as i	registered
SIGNATURE							
12.	5 g value: typed or printed name of registers OFFICERS	S AND DIRECTORS	(NOTE Registered A	gent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	S IN 12
TITLE	PORSIDENT	☐ DELE		5		Change	Addition
NAME	JOHN VOLEN	TINE	1.2 NAME		rthur balogia, 260 boneise de	Je.,	
STREET ADDRESS	55 OCEMLN	DR, HIDSI	1.3 STRE	T ADDRESS	250 SUNRISE DR	· · pa	
CITY-\$1-7IP	KEY BISC.	PL 39/47	1.4 CiTY-	SI-Z#P	cey ibasc, pl. ?	>>/49	
TITLE	MANAGE .	☐ DELE		(. ☐ Change	Addition
NAME OXDUST ADDRESS:			2.2 NAMI				
STREET ADDRESS CITY-ST-ZIP			2.3 STRE 2. 4 CITY	T ADDRESS			
Tille		☐ DELE		·········		Change	Addition
NAME			3 2 NAMI				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-SF-7IP		[] oc. 5	3.4. CITY				
TITLE		[] DELE		1		. Change	☐ Addition
NAME STREET ADDRESS			4. 2 NAM	E Et address			
CITY - ST - ZIP			4.4 CITY				
TILE		DELE				Change	Addition
NAME			5.2 NAME			•	•
STREET ADDRESS			5,3 STRE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY			·	
11ft.F		☐ DELE				Change	Addition
NAME			6.2 NAME	l l			
STREET ADDRESS				T ADDRESS			
City-St-7iP 14. I do heret	Lby certify that the information sur	oplied with this filing does not	6.4 CITY qualify for the ex		in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatio I am an o appears i	in indicated on this annual repor ifficer or director of the corporation in Block 12 or Block 13 if change	t or supplemental annual repo on or the ecoiver or Justee e rd, or on an attachment with a	ort is true and accompowered to exe an address.	curate and that cute this report	in section 19.07(3)(i), Florida Statute my signature shall have the same legat as required by Chapter 607, Florida S	l effect as if made unc tatutes; and that my n	der oath; that ame