FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90003 031 ***150.00

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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026693

WEST PALM BEACH MARBLE, INC.

Principal Place of Business Mailing Address							
I W DALL DEAGLE EL AGAGE		944 ANDREWS AVENUE W_PALM_BEACH_FL_33405					
_					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address					03/26/1996		
Ta. Maining / Add/		26 Walling Address	ess		4. FEI Number		pplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0659368		lot Applicable
City & State		27		5. Certifcate of Status Desired		Additional Required	
23		City & State		6. Election Campaign Financing	\$5.00	May Be	
Zip Country		28 Zin	Zip Country		Trust Fund Contribution		to Fees
24 25			29 30		8. This corporation owes the current year Intanciale		
	9. Name and Address of Curre		1301		Personal Property Tax. 10. Name and Address of New Registere	Yes	□No
	· · · · · · · · · · · · · · · · · · ·		81	Name	10. Name and Address of New Registere	a Agent	_
	DSON, TODD					÷	
944 ANDREWS AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
W PALM BEACH FL 33405			83				
					<u> </u>		
			84	City	**************************************	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above	e-named cor	rporation submits this statement for the purpose of	Sobonaina ita	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized by	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the apport	ointment as re	gistered
SIGNATURE	,		noa Statutes.	•			
OICHATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent	t signature requi	red when reinstating) DATE		
12,		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	HUDSON, TODD		1.2 NAME			_ •	_
STREET ADDRESS	944 ANDREWS AVE.		1.3 STREET	ADDRESS	•		
CITY-ST-ZIP	W PALM BEACH FL 33405		1.4 CITY-ST	-ZiP		•	ļ
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	MCKINNEY, THEODORE		2.2 NAME	İ		•	_
STREET ADDRESS	721 CHERRY ROAD		2.3 STREET	ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL 33409		2. 4 CITY-ST	-ZIP			٠.
TITLE	D	☐ DELETE 3.1 TI				Change	Addition
NAME	WILSON, JAMES		3.2 NAME	ĺ		_ ·	
STREET ADDRESS	3108 RIDGEWAY AVE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	W PALM BEACH FL 33401		3.4, CITY-ST	-ZIP			· [
TITLE		☐ DELETE	4.1 TITLE		** ** ** ** ** ** ** ** ** ** ** ** **	Change	Addition
NAME			4. 2 NAME	Ì	•	- •	<u> </u>
STREET ADDRESS			4.3 STREET A	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE		-	☐ Change	Addition
NAME			5.2 NAME	İ	,	_ •	_
STREET ADDRESS			5.3 STREET A	DDRESS		•	
CITY-ST-ZIP			5.4 CITY+ST-	ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME		·	•	_ 1
STREET ADDRESS			6.3 STREET A	DORESS			-

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 a trachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE: