

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000038612 (3)

1. Corporation Name
MIKE SHAW TILES, INC.

Principal Place of Business
1860 S.W. 28TH AVENUE APT. A
FORT LAUDERDALE FL 33312

Mailing Address
7041 SW 11TH STREET
PEMBROKE PINES FL 33023
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1996	
21 Suite, Apt. #, etc.	26 1142 NW 57 AVE	4. FEI Number 65-0684656		Applied For	
22 City & State	27 HOLLYWOOD FL	65-0570600		Not Applicable	
23 Zip	28 33021	5. Certificate of Status Desired		5. Certificate of Status Desired	
24 Country	29 Country	6. Election Campaign Financing		8. This corporation owes or has paid the current year Intangible	
		Trust Fund Contribution		Personal Property Tax due June 30.	
		7. \$8.75 Additional Fee Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		6. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PURCELL, WILLIAM C 633 SOUTH ANDREWS AVENUE THIRD FLOOR FORT LAUDERDALE FL 33301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSID	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, MICHAEL	1.2 NAME	
STREET ADDRESS	7041 SW 11TH STREET	1.3 STREET ADDRESS	1142 NW 57 AVE
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 register 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, on an attachment with an address.

SIGNATURE

CR2E034 (10/97)