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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000040902 (4)

CASE CREATIVE TILE, INC.

Principal Place 3976 N MON SUITE 7 TALLAHASSE US	ROE ST	Mailing Address 1264 HIGH RD. TALLAHASSEE FL 323	104			DO NOT WRITE IN T		
						3. Date Incorporated or Qualified 05/13/1996		
2. Principal Pt	2a. Mailing Address 26	ailing Address			4. FE! Number 59-3238909	Applied For Not Applicab	le	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		Crty & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Country 30			8. This corporation owes or has paid the		
24	9. Name and Address of Curr		[30]		· · · · · ·	Personal Property Tax due June 30.		_
		eur vehiereten Våeur		81	Nome	10. Name and Address of New Registe	reu Agent	_
	se, James D			""	Name			
	76 N MONROE ST NTE 7			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
TA	LLAHASSEE FL 32303			63				
					City		FL 85 Zip Code	
agent. ar	egistered agent, or both, in the Sta in familiar with, and accept the obtained in the state of the obtained in the state of the state o	ligations of, Section 607.0505, (Florida Stat	utes.		oration submits this statement for the purpo on's board of directors. I hereby accept the	appointment as registered	-
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TR	TLE			☐ Change ☐ Additio	ın.
NAME	CASE, JAMES D		1.2 NA	ME				
STREET ADDRESS	1264 HIGH RD.		1.3 ST	REET AL	DDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32304		1.4 CI	TY-ST-	7IP			
TITLE	VSD	DELETE		2.1 TITLE			Change Additio	'n
NAME	CASE, KIMBERLY J		2.2 NA	2.2 NAME			_ • -	
STREET ADDRESS	1264 HIGH RD.				DORESS			
CITY-ST-ZIP	TALLAHASSEE FL 32304			ITY-ST				
TITLE		☐ DELETE	3.1 717		-		Change Additio	ě
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET AL	DORESS			
CITY-ST-ZIP				ITY-ST-				Į
TITLE		DELETE		4.1 TITLE		***	☐ Change ☐ Additio	ᆔ
NAME '			4.2 N	4. 2 NAME				
STREET ADDRESS			4.3 ST	REET AL	DORESS			
CITY-ST-ZIP			44 01	IY-ST-	ZIP			
TITLE		DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			Change Addition	ᆔ
NAME			5.2 NA	LME	1			
STREET ADDRESS					DDAESS			١
City-St-ZiP				TY-ST-	i			- }
TITLE	*	DELETE	6.1 TIT		=		Change Addition	\mathbf{n}
NAME			6.2 NA					
STREET ADDRESS					DDRESS			

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 suppliemental 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 an attachment with an address.

CITY-ST-ZIP

SIGNATURE:

4/21/98

514-3566

FILED

Apr 27 1998 8:00am

Secretary of State