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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048090 (0)

R & B TILE & MARBLE INC.

Principal Place of Business Mailing Address 4016 KNIGHTS AVE. 4016 KNIGHTS AVE. TAMPA FL 33611 TAMPA FL 33611 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 Not Applicable 26 59-3386512 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible YD Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KENNEDY, ROBERT S 4018 KNIGHTS AVE. B2 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33611** 83 84 City 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THILE 1.1 TITLE NAME KENNEDY, ROBERT S 1.2 NAME CR2E034 4016 KNIGHTS AVE. 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33611** 1.4 CITY-S1-ZIP CITY-S1-ZIP DELETE Addition 2.1 TIFLE TITLE ZACARIAS BERMUDEZ NAME 22 NAME 1104 N. LINCOLN AVE. 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Change Addition 41 TITLE 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITEF 5.1 TITLE

14. Thereby 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.

5.2 NAME

61 TITLE

6.2 NAME

DELFTE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

Kobert Kennedy

FILED

Mar 16 1998 8:00am

Secretary of State

831-5718

Addition