SECOND NOTICE: "CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Oct 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P960

P96000082906 (4)

CORNELL BROS. TILE INC

STREET ADDRESS CITY-ST-ZIP

	_					
Principal Place of Business Mailing Address					(1881/88) JIB 181/8 Bill Batt Bull Baill Bail Bail	il tilin ilbia ibili paira bili isal
7628 PANTHER CT. ORLANDO FL 32822		7628 PANTHER CT. ORLANDO FL 32822				
Oncaroo TE O	eott.	ONEMIDO LE DEDEZ	MEMILIO I E GEORE		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					10/04/1996	·
· ·	lace of Business	2a. Malling Address	ı. Malling Address		4. FEI Number	Applied For
21 26		26	<u> </u>		59-3401811	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '''		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State	City & State		O Station Comments Singular	
23		28	· n ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Count	ry	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	d Agent
CORNELL, BENJAMIN S				1 Name		
7628 PANTHER CT.			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
ORL	ANDO FL 32822		P	3		
			8	4 City	FI	L 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	an anna mar		,			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE Registered	Agent signature	required when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	:		L Change Addition
NAME			1.2 NAM	<u>:</u>		
STREET ADDRESS	7628 PANTHER CT		1,3 STRE	ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-	ST-ZIP		
TITLE		DELETE	2.1 TITLE	:		Change Addition
NAME			2.2 NAME	Ē		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP		4	2.4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE	:		Change Addition
NAME			3.2 NAME	:		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4 CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STRE	ET ADDRESS		*
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE	3		Change Addition
NAME			5.2 NAME	<i>:</i>		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZiP		
TITLE		DELETE	6.1 TITLE	:		Change Addition
NAME			6.2 NAM	:		
STREET ADDRESS			6.3 STRE	ET ADDRESS		

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 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,