## 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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

## DOCUMENT # P96000095589

Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

HOLLYWOOD STYLE MARBLE & TILE, INC.

	•
Principal Place of Business	Mailing Address
108 NORTH 31ST COURT HOLLYWOOD FL 33021	108 NORTH 31ST COURT HOLLYWOOD FL 33021

Country

9. Name and Address of Current Registered Agent

25

## FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90003 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

11/18/1996 4. FEI Number

65-0708741

PETROVIC, MILE 108 NORTH 31ST COURT HOLLYWOOD FL 33021		81	Na	ame		_		
		82	Street Address (P.O. Box Number is Not Acceptable)					
		83			•	3174		
		84	Cit	ty (85)	Zip Co	an - i		
			O,t	" FL [°]	2100	Jue		
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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE		I.1 TITLE			hange	Addition		
NAME		1.1 HILE 1.2 NAME		, ,	lango			
STREET ADDRESS	ACC MODELL CACE COURT	1.3 STREET ADDR		DEC.				
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TITLE		2.1 TITLE		ПС	nange	Addition		
NAME	_	2 NAME			90			
STREET ADDRESS		3 STREET	. vuud	area				
CITY-ST-ZIP		4 CITY-S						
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NAME	5	.2 NAME						
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CITY-ST-ZIP	5	4 CITY-ST	-ZIP	· · ·				
TITLE	☐ DELETE 6.	.1 TITLE			nange	☐ Addition		
NAME	6	.2 NAME						
STREET ADDRESS	6	3 STREET	ADDR	ESS				
CITY-ST-ZIP		.4 CITY-ST						
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								

Country

30

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 informatic 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, with all other like empowered.

**SIGNATURE** 

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0//18/99

754-962-6/27

CR2E034 (11)