Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90073 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000000913

1. Corporation Name

 Corporation Na 								
TILE DECOR, INC.)	AAA 11 14 (1111)	. 446 100 (11 0
					ľ			
						I INSTITUTE IN INC. LANCE AND ADDRESS OF THE PARTY OF THE		
Principal Place of Business Mailing Address								
2380 BRITTANIA ROAD						DO NOT WRITE IN THIS SPACE		
SARASOTA FL 34231						3. Date Incorporated or Qualifed		
						3. Date incorporated of Qualified 01/01/1997		Ì
						4. FEI Number	Apr	olied For
2. Principal Plac	e of Business	2a. Mailing Address				65-0721351	Not Applicable	
	0 01 000	26					\$8.75 A	dditional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Re	quired
22		27				6. Election Campaign Financing	\$5.00	
City & State		City & State				Trust Fund Contribution	Added to	o Fees
23		Zip Country				8. This corporation owes the current year In	angible	□No
Zip	Country			•		Personal Property Tax.	⊔ Yes	<u> </u>
24	25	£3	30			10. Name and Address of New Registered	Agent	
	9. Name and Address of Curren	Registered rige		81 1	Name			
THEIS, JOHN R				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1
2651 MAPLELOFT LANE				102)				
SARASOTA FL 34232				83				
) OAIIA	001,172 0 10-2			84	City	F	85 Zip	Code
				1	•		- in	registered
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.								
11. Pursuant to the provisions of Sections of Sections of Section 607 0505. Florida Statutes.								
agent. I an	n familiar with, and accept the obliga	MOUS OF, COORES				DATE] ;
SIGNATURE	Signature, typed or printed name of registered age	all and noo a spin			signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.	OFFICERS AT	ND DIRECTORS	13.			ADDITIONAL	Change	Addition :
TITLE	D			TILE				
NAME	LEWIS, JEFFREY U		AME	ADDRESS			} ;	
STREET ADDRESS	3101 LENA LANE			1				
CITY-ST-ZIP	SARASIJIA FI 34240-9707		CITY-ST- TITLE			Change	Addition	
TITLE	D) DELETE 2.1		NAME				
NAME	CHIMNER, DAVID J		L		ADDRESS			Ļ
STREET ADDRESS	C/O 2380 BRITTANIA RUAU			CITY-ST	1			Addition
CITY-ST-ZIP	SAPASIIIA PL 34231		TITLE			Change	e Addition	
TITLE			NAME					
NAME					ADDRESS			Ì
STREET ADDRESS				. CITY-S	1		Chang	e Addition
CITY-ST-ZIP				4.1 TITLE		_ 	Criang	, Jacobson
TITLE			4.	2 NAME	}		*	ļ
NAME			4.3	STREET	T ADDRESS			ļ
STREET ADDRESS				4 CITY-S			Chang	ge Addition
CITY-ST-ZIP		☐ DELETE	5.	1 TITLE	$ \top$		C C C C C C C C C C C C C C C C C C C	,
TITLE		_	5.2 NAM				- *	j
NAME			5.	5.3 STREET ADDRESS				
l l	<u> </u>			4 CITY-S	ST-ZIP		Chan	ge Addition
CITY-ST-ZIP	DELETE		6.	6.1 TITLE				
TITLE			6	2 NAME	1			ļ
			6	6.3 STREET ADDRESS				ļ
STREET ADDRES	SI .		I .	A CITY 6	OT 7ID			

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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change page of an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR