

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90028 046 ***158.75

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1. Corporation Name

SHOWCASE DESIGN MARBLE & GRANITE FABRICATIONS &
RESTORATIONS INC



Principal Place of Business

3343 S US 1
FT. PIERCE FL 34982
US

Mailing Address

3343 S US 1
FT. PIERCE FL 34982
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

65-0784548

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 3343 S. U.S. #1

2a. Mailing Address

26 3343 S. U.S. #1

Suite, Apt. #, etc.

22 Ft. Pierce, Fl.

Suite, Apt. #, etc.

27 Ft. Pierce, Fl.

City & State

23

City & State

28 34981 St. Lucie

Zip

24 34981

Country

25 St. Lucie

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ENGLERT, FRANK P
2343 S.W. ALMINAR STREET
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name

Frank P. Englert

82 Street Address (P.O. Box Number is Not Acceptable)

2606 Gray Twig Lane

83

84 City

Ft. Pierce

85

Zip Code

34981

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

ENGLERT, FRANK P

2342 SW ALMINAR ST

PORT ST LUCIE FL 34953

VP

ENGLERT, FRANK P

2342 SW ALMINAR ST

PORT ST LUCIE FL 34953

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Englert, Jill

2606 Gray Twig Lane

Ft. Pierce, Fl. 34981

VP

Englert, Frank

2606 Gray Twig Lane

Ft. Pierce, Fl. 34981

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-468-9908

CR2E034 (11/98)