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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90103 002 \*\*\*150.00

DOCUMENT #	P97000018351
1 Corporation Name	

TILES & STONES OF STUART, INC.

Principal Place	e of Business	Mailing Addr	ess	_			1 (881) 621 116 1011		.,	,	
2525-1 SE FED. HWY 1867 NW 72 AVE. STUART FL 34994 MIAMI FL 33126						•					
US						ļ- <u></u>		NOT WRIT	E IN THIS	SPACE	
							Date Incorporated or 02/27/1997	r Qualifed			
2. Principal Pl	lace of Business	2a. Mailing A	ddress			1	FEI Number				Applied For
21		26					<u>65-0760559                                   </u>				Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.			5.	Certifcate of Status I	Desired			Additional Required
City & State	e	City & St	ate			6. 6	Election Campaign F	inancing		\$5.0	May Be
23		28					Trust Fund Contribut				d to Fees
Zip	Country	Zip		Country		8.	This corporation owe	es the curre	nt year Inta	ngible	_
24	25	29	31	0			Personal Property T			Yes	□No
	9. Name and Address of Cu	urrent Registered Age	nt			10.	Name and Address	of New Re	egistered /	Agent	
				81	Name		•				
TOM	MAS, JOSE			82	Ctrost	Addrson (D.	O. Box Number is N	et Assentat			
1867	7 NW 72 AVE.			02	Street	Address (F.	O. BOX Number is 14	oi Accepiai	ые)		
MIAI	MI FL 33126			83							
				84	City				FL	85 Zi	Code
11. Pursuant office or reagent. I a	registered agent, or both, in the S im familiar with, and accept the o	State of Florida, Such cl obligations of, Section 6	hange was auth	horized by	the corp	oration's boa	ard of directors. I he	reby accept	t the appoir	itment as	registered
office or re agent. I a	m familiar with, and accept the o	obligations of, Section 6 and title if applicable.	hange was autr 07.0505, Florid	horized by la Statutes egistered Ager	the corp	required when rei	nstating)		DATE DATE		
office or reagent. I as SIGNATURE	m familiar with, and accept the o Signature, typed or printed name of registere OFFICER:	ed agent and title if applicable.  S AND DIRECTORS	hange was autr 07.0505, Florid (NOTE: Ri	horized by la Statutes registered Ager	the corp	required when rei	ard of directors. I nei		DATE DATE	D DIREC	FORS IN 12
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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:** 

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR