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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000018411 (3)

3-D TILE OF SOUTHWEST FLORIDA, INC.

## May 13 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		I INCHERAL HAR ININI HARRI MANYA MANYA MANYA MANYA MANYA MANYA MININI MININI HIMBA HIMBA HIMBA
\$13 GREENWOOD AVE LEMICH ACRES FL 33936 LEMICH ACRES FL 33936				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
9 Principal C	Place of Business	Los Mallins Address	·	02/24/1997
21 2 45 8 Suite, Apt.	37 Redfish St	26. Mailing Address 26. 24587 Red Suite, Apt. W. etc.	fish S	
22		27		Certificate of Status Desired     Section
City & Stat	ta Springs FL	28 PONTA S	pring F	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 3413	34 25 U.S.A.		Country SA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
				10. Name and Address of New Registered Agent
KLEIN, DANIEL F 313 GREENWOOD AVE LEHIGH ACRES FL 33936  81 Na 82 Str				Daniel F. Kein Address P.O. Box Nymber is Not Acceptable)
			84 City 2	Bonita Springo FL 85 210 F0994
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 Daniel F, Klein Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  OATE				
12.		ID DIRECTORS	Hogislered Agent signature	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Secretary Change MAddition
NAME	KLEIN, CHRISTINE R		1.2 NAME	0 0
STREET ADDRESS	313 GREENWOOD AVE		1.3 STREET ADDRESS	312 Greenwood Ave
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY - ST - ZIP	Lehigh teres PL 24134
TITLE		☐ DELETE	2.1 TITLE	Treasurer
NAME			22 NAME	Chad Woodcock
STREET ADDRESS			2.3 STREET ADDRESS	1248 Pontella Rd
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	F4. Myers PL 33917
TITLE		☐ DELETE	3.1 TITLE	Director Change Addition
NAME			3.2 NAME	Christine Klein
STREET ADDRESS			3.3 STREET ADDRESS	1245 TT Kedfish ST
CITY-ST-ZIP		Florier	3.4. CITY - ST - ZIP	pondra oprimo po 34134
TITLE		☐ DELETE	4.1 TITLE	President 1 Change Maddition
NAME OTREET ADDRESS			4. 2 NAME	Daniel Klein, St
STREET ADDRESS			4.3 STREET ADDRESS	194587 REAFISH OF 341314
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP	Bonita Spring PL 34134
NAME		C percit	5.1 TITLE	Change Addition
STREET ADDRESS			5.2 NAME	
CITY-ST-ZIP			5.3 STREET ADDRESS	
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		vection	6.2 NAME	Change Change
STREET ADDRESS			6.2 MANNE 6.3 STREET ADDRESS	
CITY-ST-ZIP				
·	certify that the information supplied w	ith this filing does not qualify for t	6.4 CITY-ST-ZIP	and in Section 119 07(3Vi). Florida Statutes: Liurther certify that the information

Indicated on this annual report or supplied will find into matter in exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report is report as it 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.

4/20/98

941.948.0606