

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90106 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000018411

1. Corporation Name
3-D TILE OF SOUTHWEST FLORIDA, INC.



Principal Place of Business 24587 REDFISH ST BONITA SPG FL 34134 US	Mailing Address 24587 REDFISH ST BONITA SPGS FL 34134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 02/24/1997	4. FEI Number 65-0739967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent KLEIN, DANIEL F 313 GREENWOOD AVE LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent 81 Name Daniel F. Klein 82 Street Address (P.O. Box Number is Not Acceptable) 24587 Redfish Street 83 84 City Bonita Springs FL 85 Zip Code 34134
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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  DATE **4/27/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, CHRISTINE R	1.2 NAME	Esparza Raymond
STREET ADDRESS	313 GREENWOOD AVE	1.3 STREET ADDRESS	1300 Farmdale Street
CITY-ST-ZIP	LEHIGH ACRES FL 33936	1.4 CITY-ST-ZIP	Lehigh Acres FL 33936
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, C	2.2 NAME	Ch Klein
STREET ADDRESS	313 GREENWOOD AVE	2.3 STREET ADDRESS	24587 Redfish St
CITY-ST-ZIP	LEHIGH ACRES FL 34134	2.4 CITY-ST-ZIP	Bonita Springs FL 34134
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODCOCK, C	3.2 NAME	
STREET ADDRESS	248 PONDELLA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33917	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, C	4.2 NAME	
STREET ADDRESS	24587 REDFISH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS FL 34134	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, D	5.2 NAME	
STREET ADDRESS	24587 REDFISH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS FL 34134	5.4 CITY-ST-ZIP	
TITLE	Esparza Raymond <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1300	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  **Christine R. Klein** DATE **4/27/99** Daytime Phone # **941-948-0606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)