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

NAME

STREET ADDRESS

SIGNATURE:

May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000024143 (4) P.P. BRICK & TILE, INC. Principal Place of Business Mailing Address 5117 E LAKES DRIVE 5117 F LAKES DRIVE POMPANO BEACH FL 33084 POMPANO BEACH FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/17/1997 2. Principal Place of Business 2a. Mailing Address 65-0830733 Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PIMENTA, VALTER 5117 E LAKES DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 84 City Zio Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TIDE PIMENTA, VALTER NAME 1.2 NAME 5117 E LAKES DRIVE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33064 1.4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZY 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this fiting 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

**FILED** 

Daytime Phone #