## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90091 002 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA M

DIVISION OF CORPORORS



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DOCUI	MENT # P97000	027253		X	
	TILE & MARBLE, INC.	e se se estado de la composição de la co		/	
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•		·····			
Principal Place	e of Business	Mailing Address			
NAPLES FL 341	ACH DRIVE. SUITE #190	NAPLES FL 34104	SDIE-#190		
			<b>3</b>	DO NOT WRITE IN TH	S SPACE
2341 1	River Republica	2391 Riva R	each DL	3. Date Incorporated or Qualifed	
2 Chinainal Cl	lace of Business	2a. Mailing Address		03/21/1997 4. FEI Number	Applied For
21	iaco o Dusiness	26		65-0732981	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	. \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	O	Trust Fund Contribution	Added to Fees
Zip	Country	Zip :	Country	This corporation owes the current year in Personal Property Tax.	ntangible  DYes XNo
24]	9. Name and Address of Current		30	10. Name and Address of New Registere	
-			81 Name		
DAVIS, JOHN D				ress (P.O. Box Number is Not Acceptable)	
1960 RIVER REACH DRIVE, SUITE #198			0.00.700	and the second s	
NAPLES FL 34104			83		· · ·
			84 City	<b>Fee</b> 1	85 Zip Code
				F	<del></del>   1
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 autientized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. i a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: 6	legistered Agent signature requin	ed when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	
MLE	PD	☐ OELETE	1.1 TITLE		Change Addition
NAME	TRENTO, DON		12 NAME		
STREET ADORESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	NAPLES FL 34104	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
mre	2221 21: 2	· -	2.1 TITLE		C
NAME	239/ River Resc	4 De	22 NAME 23 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-ST-ZIP	a page of a company of the company	The second section of the second of
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CFTY-ST-ZIP		ma. Maddilla
TITLE		C) DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 HANE		
STREET ADDRESS			4.3 STREET ADDRESS		
CTY-ST-ZIP		DELETE	4.4 C/TY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		عاست.	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CTTY-ST-ZDP			5.4 CATY-ST-ZIP		
me	1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	. DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME 3	व्याम् लक्षः जिल्ले स्वयम्भाकः व्यवस्थः		6.2 NAME		Į.
STREET ADDRESS	rain in ta kunt riikum luuleen gaa. Luurinka	•	6.3 STREET ADDRESS		
CITY-ST-ZIP	, k. , f .		6.4 CITY-ST-ZIP		atiful that the information

14. Thereby 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 is empowered.

SIGNATURE:

DOUTTEEND

3/22/99 (904)77/-0262

941-263-7768

CR2E034 (11/98)