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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000031688 (9)

OPTIMUM MARBLE & CERAMIC TILE, INC.

Principal Place of Business

Mailing Address

4015 N.W. 103RD DRIVE

4015 N.W. 103RD DRIVE

FILED May 14 1998 8:00am Secretary of State



CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 2. Principal Place of Business Mailing Address Applied For Not Applicable 21 ite_Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent ROSE, PETER A ESQ. 2101 NORTH ANDREWS AVENUE, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) 82 FORT LAUDERDALE FL 33311 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTL: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 TOTLE ROBERTSON, STEPHEN NAME 1.2 NAME STREET ADDRESS 4015 N.W. 103RD DRIVE 1.3 STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ... Addition 5.1 1HLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 DITY-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 suppliemental 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.