

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035032 (6)

1. Corporation Name
TILE WALK, INC.



Principal Place of Business

Mailing Address

6315 WASHINGTON ROAD
WEST PALM BEACH FL 33405

6315 WASHINGTON ROAD
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 639 So. Olive Ave.

2a. Mailing Address

26 same

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

23 West Palm Beach, FL

27 City & State

28

24 Zip

33401

25 Country

USA

29 Zip

29

30 Country

30

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

65-0782129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

RICHARDSON, KEVIN F ESQ.
CLYATT & RICHARDSON, P.A.
1551 FORUM PLACE, #300-F
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TSIMORTOS, PETER
IMPERIAL POINT LANE
WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALSH, DOREEN
6315 WASHINGTON ROAD
WEST PALM BEACH FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Joseph A. Turchetti
6315 Washington Rd
WPalm Beach, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Joseph A. Turchetti
6315 Washington Rd
WPalm Beach, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Joseph A. Turchetti
6315 Washington Rd
WPalm Beach, FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Joseph A. Turchetti
6315 Washington Rd
WPalm Beach, FL 33405

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
T.
V.P.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V.P.

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
P.
Joseph A. Turchetti
6315 Washington Rd
WPalm Beach, FL 33405

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
P.
Joseph A. Turchetti
6315 Washington Rd
WPalm Beach, FL 33405

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
P.
Joseph A. Turchetti
6315 Washington Rd
WPalm Beach, FL 33405

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
P.
Joseph A. Turchetti
6315 Washington Rd
WPalm Beach, FL 33405

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.

SIGNATURE: [Signature]

April 17 1998 EW-159-9250

CR2E034 (10/97)