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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000036420 (2)

MARTELLA MARBLE AND TILE INC

Principal Place of Business

Mailing Address

4507 W. ATLANTIC BLVD. APT. 1716 COCONUT CREEK FL 33066 4507 W. ATLANTIC BLVD. APT. 1716 COCONUT CREEK FL 33066

FILED May 08 1998 8:00am Secretary of State



| *************************************** | | *************************************** | | | DO NOT WRITE IN THIS SPACE | | |
|--|---|---|------------------|---|--|--|--|
| | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | 04/23/1997 | | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | | |
| 21 26 | | | | | 05-0443 843 Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | | |
| 22 | _ | 27 | | | Fee Required | | |
| City & State | e | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 28 | | | | | Trust Fund Contribution | | |
| Zip | Country | Zιp | Cou | intry | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | 29 | 30 | , | Personal Property Tax due June 30. Yes No | | |
| g, Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | |
| ARCHAMBAULT, STEPHANE | | | | 81 Name | | | |
| 4507 W. ATLANTIC BLVD. APT. 1716 COCONUT CREEK FL 33068 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 63 | | | |
| | | | | | | | |
| | | | | 84 City | 85 Zip Code | | |
| | | | | City | FL 2 2000 | | |
| 11. Pursuant | to the provisions of Sections 607,050 | 2 and 607.1508, Florida St | atutes, the a | bove-named | d 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, typod or pointed name of regulared age | r Land tike if applicable | (NOTE: Registere | d Agent signatur | re required when reinstaling) DATE | | |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | DELETE | 1.1 (1 | TLE | Change Addition | | |
| NAME | ARCHAMBAULT, STEPHANI | Ē | 1.2 N | AME | MONIMPHOLIT STEPHINE | | |
| STREET ADDRESS | 4507 W. ATLANTIC BLVD. | | 135 | TREET ADDRESS | Whol (1) ATHANTIC BOND AT 1000 | | |
| CITY-ST-ZIP | AAAAN III AAAAA | | | ITY-ST-ZIP | ACHMBADET STEPHNE 14401 W. ATLANTIC BOND ATT. 1100 COCONT CREEK FL 33060 | | |
| TITLE | - COCONOT OTTLER TE SOO | DELETÉ | 2.171 | | Change Addition | | |
| NAME | | | 2.2 N | | | | |
| · · · · · · | | | | TREET ADDRESS | | | |
| STREET ADDRESS | | | | | ' | | |
| CITY-ST-ZIP | | DELETE | 3,1 Ti | TITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE | | | | | J Sittings E 1868/1891 | | |
| NAME | | | 3.2 N | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | |
| CITY-ST-ZIP | | L Decerte | | CITY - ST - ZIP | Change I Addition | | |
| TITLE | | ☐ DELETE | . 4.1 Ti | | Change Addition | | |
| NAME | | | 4. 2 h | | | | |
| STREET ADDRESS | | | 4.3 S | TREET ADDRESS | 6 | | |
| CITY - ST - ZIP | | | | ITY-ST-ZIP | | | |
| TITLE | | DELETE | 5.1 Te | TLE | ☐ Change ☐ Addition | | |
| NAME | | | 5.2 N | AME | | | |
| STREET ADDRESS | | | 5.3 S | TREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 C | ITY-ST-ZIP | | | |
| TITLE | | ☐ DELE TE | 6.1 T | TLE | Change Addition | | |
| NAME | | | 6.2 N | AME | | | |
| STREET ADDRESS | | | 63 S | TREET ADDRESS | | | |
| CITY-ST-ZIP | İ | | 64 C | ITY-ST-ZIP | | | |
| 44 [hereby | certify that the information supplied w | vith this filing does not qual | ify for the ex- | emption stat | ated 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 this constraint or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in | | | | | | | |
| officer or director of the comparation or the facebrane and that my signature shall have the same regarded as a made brook own, that have one officer or director of the comparation or the facebrane representation of the facebrane appears in Block 12 or Block 13 if chapped for on an all tachment with an address. | | | | | | | |
| | | | | | | | |