SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sep 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

in Block 12 or Block 13 if changed

P97000044642 (1)

Mailing Address

PREMIER TILE AND STONE, INC.

55 FORRESTAL CIRCLE 55 FORRESTAL CIRCLE ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/16/1997</u> 2. Principal Place of Business Applied For 2a. Mailing Address 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ECHEVARRIA, RICHARD 55 FORRESTAL CIRCLE Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BEACH FL 32233 83 Zip Code Pursuant to the provisions of sections 607.05/02 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 too if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 PRESIDENT 1.1 TITLE Change X Addition TITLE DELETE 1.2 NAME NAME Echesario 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DETETE 21 TO F TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 City-S1-ZIP 3 1 TITLE Change Addition DEFETE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4 1 TITLE Change Addition DETETE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 51 TITLE \_\_\_ Change \_\_\_ Addition TITLE DETER 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-Z(F CITY-ST-ZIP DELETE 6.1 TITLE Change \_\_\_ Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-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 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 of the corporation of the corporation of the receipt or trustee proposers.