


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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90103 047 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000049598**

1. Corporation Name  
**STONECRAFTERS TILE & MARBLE, INC.**



Principal Place of Business <b>9273 OAK CIRCLE</b> <b>SEMINOLE FL 33776</b> <i>13144 Park Blvd #E</i> <i>Seminole 33776</i>		Mailing Address <b>9273 OAK CIRCLE</b> <b>SEMINOLE FL 33776</b>	
2. Principal Place of Business <b>21</b> <i>13144 Park Blvd #E</i>	2a. Mailing Address <b>26</b> <i>13144 Park Blvd</i>		
Suite, Apt., etc. <b>22</b> <i>#E</i>	Suite, Apt., etc. <b>27</b> <i>#E</i>		
City & State <b>23</b> <i>Seminole FL</i>	City & State <b>28</b> <i>Seminole FL</i>		
Zip <b>24</b> <i>33776</i>	Country <b>25</b> <i>Pineellas</i>	Zip <b>29</b> <i>33776</i>	Country <b>30</b> <i>Pineellas</i>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/02/1997</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3449796</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MELUCCI, DENNIS</b> <b>9273 OAK CIRCLE</b> <b>SEMINOLE FL 33776</b> <i>13144 Park Blvd #E</i> <i>Seminole FL 33776</i>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<i>13144 Park Blvd #E</i>
83 City	<i>Seminole FL 33776</i>
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE
NAME	<b>MELUCCI, DENNIS</b>
STREET ADDRESS	<del>9273 OAK CIRCLE</del> <i>13144 Park Blvd</i>
CITY-ST-ZIP	<b>SEMINOLE FL 34646</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<i>Tony Alehin</i>
STREET ADDRESS	<i>13144 Park Blvd #E</i>
CITY-ST-ZIP	<i>Seminole 33776</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 an other life empowered.

SIGNATURE: *[Signature]* **3/8/99** **7273959233**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (1/1/98)