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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000050953

1. Corporation Name

B & W DECORATIVE TILES, INC.

Principal Place of Business Mailing Address							((88/489/198 (B)() 1885/1887/188		111.1 41 111		11488 1211 1887
1267 GOLFSIDE DRIVE 2305 SMILEY AVE. WINTER PARK FL 32792 WINTER PARK FL 32792							DO NOT WRI	FE IN THIS	SDACE	=	
US						1	Date Incorporated or Qualifed 06/09/1997	IL IN THIS	OI AUL	•	
Principal Place of Business 2a. Mailing Address											lied For
21		26				!	00 0 10 1 2 0 0			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	5. Certifcate of Status Desired \$8.75 Additional Fee Required					
City & Stat	e	City & State					Election Campaign Financing				May Be
23	0	28	Coun	tne			Trust Fund Contribution			ded to	Fees
Zip	Country	Zip	Coun	iu y			This corporation owes the curre Personal Property Tax.	ent year Inta	ingible ∐Yes	:	JNo
24	9. Name and Address of Current		80]	_			Name and Address of New F	Registered A			
	g. Name and Address of Current	I Neglateled Agent	- 1	81	Name				<u> </u>		
KEDERICK, BERNICE				_			O D North Control				
2305		82 Street Addre			ress (P.	O. Box Number is Not Accepta	ible)				
WIN	TER PARK FL 32792			83							-
			-	84	City			FL	85	Zip C	ode
agent. I a	registered agent, or both, in the State of t	ions of, Section 607.0505, Flori	da Statu	tes.	t signature required	d when re	pinstating)	DATE			
12.	OFFICERS ANI		13.			A	ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	DPS	☐ DELETE	1.1 TITL						Cha	ange	☐ Addition
NAME	CARTER, WENDY A		1.2 NAME								i
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP					-ZIP				☐ Chá	2000	Addition
TITLE	DVT	·								inge	
NAME		DE TOTAL DE TATOL TO		2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS	2305 SMILEY AVE. WINTER PARK FL 32792				ì						}
CITY-ST-ZIP TITLE	WINTER FARK FL 32/92			2.4 CITY-ST-ZIP 3.1 TITLE • -					Cha	nge	Addition
NAME				2 NAME			, - '		_	•	
STREET ADDRESS					ADDRESS						1
CITY-ST-ZIP			3.4. CIT	3.4. CITY-ST-ZIP							
TITLE	,	☐ DELETE	4.1 TITL	£					Ch	ange	☐ Addition
NAME			4. 2 NA	ME	j						
STREET ADDRESS			4.3 STF	REET	ADDRESS						
CITY-ST-ZIP				4.4 CITY-ST-ZIP							
TITLE	_			5.1 TITLE					Ch:	ange	Addition
NAME			5.2 NAM								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	F		5.4 CIT		r-ZIP						☐ Addition
TITLE		☐ DELETE							Ch:	anye	
NAME	}		6.2 NA		**************************************						j
CYDEET ADDRESS	!		6.381	vet l	ADDRESS						

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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP *

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90075 011 ***150.00