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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90049 026 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000051501**1. Corporation Name

TILE MAF	RKET OF NAPLES, INCORP	ORATED					
Principal Place	of Business	Mailing Address				e gerer engi 11491 (	
1170 THIRD ST S #B-110 834 ORANGE AVE WINTER PARK FL 32789 US US		•		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
		•			06/05/1997		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	. Li	Applied For
<u>.</u>		26			65-0771354	<b>CO 7</b>	Not Applicable  5 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			3. Continuate of Classic Continuation	Fee	Required
City & State	9	City & State			6. Election Campaign Financing	T -	00 May Be
23		28			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Count	try	8. This corporation owes the curren	t year Intangible Yes	□No
24	25		30		Personal Property Tax.  10. Name and Address of New Rec		
	9. Name and Address of Currer	nt Registered Agent		31 Name	10. Name and Address of New Key		
	DEDLIAGE ADMOLD		°				
	DERMAST, ARNOLD HOWARD DR	KE PARKI	8	Street Add	dress (P.O. Box Number is Not Acceptable	e) ****	
WIN	TER PARK FL 32789		8	83			
. *			1	84 City	rporation submits this statement for the pition's board of directors. I hereby accept	FL 85	Zip Code
SIGNATURE	registered agent, or both, in the State um familiar with, and accept the obliga- Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE:	Registered A	lgent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRE	CTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL				
NAME	VAN DER MAST, ARNOLD		1.2 NAM	1			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			Y-ST-ZIP			
TITLE	D '			1		Cha	nge Addition
NAME	SOYAL, BRENT A	☐ DELETE	2.1 TiTL			Cha	inge
STREET ADDRESS	3459 PINE HAVEN CIR	☐ DELETE	2.2 NAM	ME		☐ Cha	ange Addition
CITY-ST-ZIP		☐ DELETE	2.2 NAM 2.3 STR	ME REET ADDRESS		Cha	ange Addition
TITLE 173	BOCA RATON FL 33431		2.2 NAM 2.3 STF 2. 4 CIT	ME REET ADDRESS TY-ST-ZIP		□ Cha	
NAME	BOCA RATON FL 33431	DELETE	2.2 NAA 2.3 STF 2. 4 CIT 3.1 TITU	ME REET ADDRESS IY-ST-ZIP			
STREET ADDRESS	BOCA RATON FL 33431		2.2 NAM 2.3 STF 2. 4 CIT 3.1 TITU 3.2 NAM	ME REET ADDRESS IY-ST-ZIP LE ME			
	BOCA RATON FL 33431	DELETE	2.2 NAM 2.3 STF 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STF	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS		☐ Cha	ange Addition
CITY-ST-ZIP	BOCA RATON FL 33431	DELETE	2.2 NAM 2.3 STF 2.4 CIT 3.1 TITU 3.2 NAM 3.3 STF	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP			ange Addition
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TITLE NAME STREET ADDRESS	BOCA RATON FL 33431	☐ DELETE	2.2 NAA 2.3 STF 2.4 CIT 3.1 TITU 3.2 NAA 3.3 STF 3.4 CIT 4.1 TITU 4.2 NAA 4.3 STF	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE		□ Cha	ange Addition
TITLE NAME	BOCA RATON FL 33431	DELETE	22 NAM 23 STF 2 4 CIT 3.1 TITU 32 NAM 33 STF 34. CIT 4.1 TITU 4.2 NAM 4.3 STF 4.4 CIT 5.1 TIT 5.1 TIT	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE		☐ Cha	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BOCA RATON FL 33431	☐ DELETE	22 NAM 23 STF 2.4 CIT 3.1 TITU 32 NAM 33 STF 3.4. CIT 4.1 TITU 4.2 NAM 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAM	ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE		□ Cha	ange Addition
NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33431	☐ DELETE	22 NAM 23 STF 2.4 CIT 3.1 TITU 32 NAM 33 STF 34. CIT 4.1 TITU 4.2 NAM 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAM 5.3 STF	ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE REET ADDRESS		□ Cha	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BOCA RATON FL 33431	DELETE  DELETE	22 NAM 23 STR 2.4 CIT 3.1 TITU 32 NAM 33 STR 3.4. CIT 4.1 TITU 4.2 NAM 4.3 STR 4.4 CIT 5.1 TIT 5.2 NAM 5.3 STI 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.4 CIT 5.5 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.5 CIT 5.4 CIT 5.5 CIT	ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE LE REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP REET ADDRESS IY-ST-ZIP		☐ Cha	ange Addition
TITLE NAME STREET ADDRESS 'CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOCA RATON FL 33431	☐ DELETE	22 NAM 2.3 STR 2.4 CIT 3.1 TITU 32 NAM 3.3 STR 3.4 CIT 4.1 TITI 4.2 NA 4.3 STR 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TITI 6.1 TITI	ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP		□ Cha	ange Addition
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TITLE NAME STREET ADDRESS 'CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	BOCA RATON FL 33431	DELETE  DELETE	2.2 NAM 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAM 3.3 STF 3.4 CIT 4.2 NAM 4.3 STF 4.4 CIT 5.2 NAM 5.3 STI 5.4 CIT 6.1 TITI 6.2 NAM 6.3 ST	ME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS IY-ST-ZIP		☐ Cha	ange Addition

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 an antachment with an address, with all other like empowered.