PROFIT CORPORATION ANNUAL REPORT

1999



QF STATE FLORIDA DEPARTMENT

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000055579

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90037 005 \*\*\*150.00

AMORE	TILE, INC.								
Principal Plac	e of Business	Mailing Address				d (Botthon rin sårrt regill gerin on	Det <b>40</b> 00 <b>9010 1</b>	Mrai errei érri	, (484 <b>6</b> 1841 1 <b>96</b> )
13887 80TH LANE NORTH		13897 BOTH LANE NORTH			· ·	•			
WEST PALM BEACH FL 33412		WEST PALM BEACH FL 33412			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						06/23/1997		_	
2. Principal F	Place of Business	2a, Mailing Address				4. FEI Number		A	optied For
21		26				65-0765635			ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		·	Additional equired
22		27							May Be
City & Star	te .	City & State				6. Election Campaign Financing Trust Fund Contribution			to Fees
23)	Country	28   	Cou	ntry =		- a. This corporation owes the curr	ent year inta		
24	25	29	30	•		Personal Property Tax.		Yes	Σ <sub>N</sub> ο
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered /	Agent	
		<del>-</del>		81	Name				
	/ELLIERE, VICTOR			82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
	87 80TH LANE NORTH ST PALM BEACH FL 33412		l			·			
ME	SI PALM DEACH PL 33412			83		•	·		
ł				84	City		FI	85 Zip	Code
				1					
	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligate							changing its	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	and tide if applicable (NOT	E Registered			d when reinstaling)	DATE		
SIGNATURE	Signature, typed or priviled name of registered agent OFFICERS AND	and tide if applicable (NOT	E: Registered	Agent s			DATE		
SIGNATURE 12. TITLE	Signature, typed or privated name of registered agents OFFICERS AND	and tide if applicable (NOT	E: Registered	Agent s		d when reinstaling)	DATE	D DIRECT	ORS IN 12
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CITY-S1-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 ennual 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 trissee 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 organ attachment with an eddress; with all other like empowered.

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