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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000057269 (7)

1. Corporation Name

EXECUTIVE LIMITED MARBLE, INC.



Principal Place of Business

2242 SW IMPORT DRIVE
PORT ST. LUCIE FL 34953

Mailing Address

2242 SW IMPORT DRIVE
PORT ST. LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

2. Principal Place of Business

21 1312 Commerce Wt # 49

Suite, Apt. #, etc.

22 # 49

City & State

23 Jupiter

Zip

24 33459

Country

25 Palm Beach

2a. Mailing Address

26 2242 SW Import

Suite, Apt. #, etc.

27

City & State

28 Port St Lucie

Zip

29 34953

Country

30 ST Lucie

4. FEI Number

65-0766267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KUER, KEVIN M
5732 WINDSONG LANE, #317
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

Kevin Kuier

82 Street Address (P.O. Box Number is Not Acceptable)

899 S. Federal Hwy

83

Suite 301

84 City

STUART

FL

85 Zip Code

34994

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

Kevin Kuier Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D BOMMARITO, KEVIN M
STREET ADDRESS
5732 WINDSONG LANE, #317
CITY-ST-ZIP
STUART FL 34997

TITLE ☐ DELETE

NAME
D BOMMARITO, JOHN
STREET ADDRESS
2242 SW IMPORT DRIVE
CITY-ST-ZIP
PORT ST. LUCIE FL 34953

TITLE ☐ DELETE

NAME
D LAMARRE, ERNST
STREET ADDRESS
1225 18TH AVE., NORTH
CITY-ST-ZIP
LAKE WORTH FL

TITLE ☐ DELETE

NAME
D AGNELLI, STEPHEN
STREET ADDRESS
6557 141 LANE, NORTH
CITY-ST-ZIP
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Kevin Kuier

1-23-97 561 286-7670

CR2E034 (10/97)