

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 # **P97000057390**

1. Corporation Name
IONIAN MARBLE & GRANITE, INC.

Principal Place of Business
**8551 W. SUNRISE BOULEVARD
SUITE 100A
FT. LAUDERDALE FL 33322**

Mailing Address
**8551 W. SUNRISE BOULEVARD
SUITE 100A
FT. LAUDERDALE FL 33322**

2. Principal Place of Business
1951 HAMMONSVILLE RD
Suite, Apt. #, etc.

2a. Mailing Address
1951 HAMMONSVILLE RD
Suite, Apt. #, etc.

22. City & State
POMPANO BEACH FL
Zip
33069

27. City & State
POMPANO BEACH FL
Zip
33069

24. 33069 25. 9. Name and Address of Current Registered Agent

**BLOOMGARDEN, PAUL M
8551 W. SUNRISE BOULEVARD
SUITE 100A
FT. LAUDERDALE FL 33322**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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 **X Kostas Ingilis**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
INGILIS, KONSTANTINO
12 STEPPING RIDGE
FAIRFIELD NJ 07004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRIGZIS, MARIO
12 STEPPING RIDGE
FAIRFIELD NJ 07004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 all other like empowered.

SIGNATURE: **X Kostas Ingilis**
Typed or printed name of signing officer or director

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90048 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

65-0765919

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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CR2E034 (11/98)