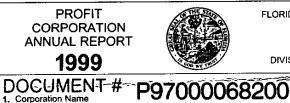
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 11, 1999 8:00 am Secretary of State 08-11-1999 90016 039 ***550.00

TUXEDO MARBLE AND GRANITE, INC.							
TOXEDO							
Principal Place	of Business	Mailing Address			<u> </u>	# 40	9 11011 09111 0B11 10B1
690 WASHINGTON AVE 3114 TUXEDO AVE.					1		
CARLSTADT NJ 07072 WEST PALM BEACH FL 334			FL 33405				
U\$					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified		
		1 a 14-20 a 4-4		•••••	08/07/1997 4. FEI Number		Applied For
2. Principal Place of Business		2a. Mailing Address			65-0784627		
Citto Ant # etc		Suite, Apt. #, etc.		05'0764027	\$8.7	5 Additional	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired		e Required
2 City & State		City & State		6. Election Campaign Financing	\$5.	00 May Be	
3		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Co	untry	8. This corporation owes the curre	nt year /	
4	25	29	30	-	Intangible Personal Property.	Yes	☐ No
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
_				81 Name			ļ
	LE, CONRAD J			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	E BROWARD BLVD STE 1950			5 Street Addin	ess (F.O. BOX Number is NOT Acceptan	10)	
FΓL	AUDERDALE FL 33394			83			
						105	Zin Codo
				84 City		FL 85	Zip Code
11 Purcuant	to the provisions of sections 607 0502	and 607.1508. Florida S	tatutes, the al	pove-named corpor	ration submits this statement for the pur	pose of changing if	ts registered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change :	was authorize	ed by the corporate	on's board of directors. I hereby accept	the appointment a	s registered
SIGNATURE _			(NOTE: Basis	ered Agent signature requ	ulend When minefation)	DATE	
	Signature, typed or printed name of registered agent OFFICERS AND		13.	eren vilerit altriation redu	ADDITIONS/CHANGES TO OFF		CTORS IN 12
TITLE	D OFFICERS AND	DELET		ITLE T	ADDITIONO OF PROCESS TO STA	Chan	
NAME	COIRO, DANIEL		_	IAME			
	690 WASHINGTON AVE			TREET ADDRESS			
STREET ADDRESS	CARLSTADT NJ 07072			CITY-ST-ZIP			İ
CITY-ST-ZIP TITLE	D	DELET				Char	
1	CAPOZZA, JOSEPH	☐ nerei	-	IAME		One:	igo riconton
NAME	690 WASHINGTON AVE			TREET ADDRESS			
STREET ADDRESS	•••						
CITY-ST-ZIP TITLE	CARLSTADT NJ 07072	DELET		ITY-ST-ZIP		Char	nge Addition
	COIRO, MICHAEL F			IAME		C 0.6	igo risonton
NAME	3114 TUXEDO AVE.			TREET ADDRESS			
STREET ADDRESS	W. PALM BEACH FL 33405			1			
CITY-ST-ZIP	W. FALM DEACH FL 33403	DELE		TITY-ST-ZIP		Cha	nge Addition
TITLE		LI DELE		KAME		L., Cilai	igo 🗀 Addition
NAME				TREET ADDRESS			
STREET ADDRESS				J			
CITY-ST-ZIP			- 1	HTY-ST-ZIP		Char	nge Addition
TITLÉ		L DELET	·- I	IAME			igo Addition
NAME OTDEET ADDRESS				TREET ADDRESS			Į
STREET ADDRESS							
CITY-\$T-Z\P		المراجع		TTY-ST-ZIP		Char	age - Addition
TITLE		L DELET		AME		c∩ar	An Garage
NAME							
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualif	v for the even	htty-\$t-zip	tion 119.07(3)(i), Florida Statutes. I furti	ner certify that the	information
indicated of	on this annual report or supplemental a	annual report is true and ceiver or trustee empowe	accurate and ered to execut	I that my signature	shall have the same legal effect as if r quired by Chapter 607, Florida Statutes	nade under oath: t	natiam