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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000074203**1. Corporation Name

QUIRK TILE, INC.

Principal	Place	of	Business

Mailing Address

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90110 040 ***150.00



1550 ARGYLE (FT. LAUDERDAI		1550 ARGYLE DR. FT. LAUDERDALE FL 3331.	2			3. Date Inco	DO NOT W	RITE IN THIS S	SPACE	· -	
						08/25/1	997			-	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb	er	·		App	lied For
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desired				dditional
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23		28					Contribution			ded to	rees
Zip	Country	Zip	Cou	intry			oration owes the c Property Tax.		ngible Yes	Г	□No
24	9. Name and Address of Curren	29	30	Į			d Address of Nev			-	
	9. Name and Address of Curren	t Kegisteled Agent		81	Name	10. 1101110 011					
QUIF	RK, JAMES R										
1550	ARGYLE DR.			82	Street A	Address (P.O. Box Nu	imber is Not Acce	eptable)			
	LAUDERDALE FL 33312			83							
									11	7:- 0:	
	•			84	City			FL	85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove	-named o	corporation submits t	his statement for t	he purpose of o	hangir	ng its r	egistered
office or r	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was a	authorized	ועסנ	ine corpo	ration's board of dire	ctors. I hereby ac	cept the appoin	tment	as reg	isterea
SIGNATURE	Signature, typed or printed name of registered agen	and the facility (NOTS	E: Panietered	Agent	eignature re	quired when reinstating)		DATE			
		t and bue if applicable. (NOTE	regatored	790.1	oignotale re		NOUVANOED TO			OTOF	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS