FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000078626 (3) DOCUMENT

RPM MARBLE & GRANITE, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 24 OLD JUPITER BEACH ROAD 24 OLD JUPITER BEACH ROAD JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible □ No Yes 25 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 Zip Code 33 7 77 84 City 607 0502 and 307 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered by State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered by obligations of Section 607.0505, Florida Statutes. 11. Pursuant to the provi (NOTE Pingistered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE 1.2 NAME CR2E034 MASSAD, ROGER NAME **24 OLD JUPITER BEACH ROAD** STREET ADDRESS 1.3 STREET ADDRESS **JUPITER FL 33477** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MASSAD, PATRICIA 2.2 NAME STREET ADDRESS 24 OLD JUPITER BEACH ROAD 2.3 STHEET ADDRESS CITY-ST-ZIP Jupiter FL 33477 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addilion TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. Thereby 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 suppliemental 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 by the regover or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

561-746-5942