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 # P97000092334

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90289 025 ***150.00

1. Corporatio	n Name								
TILES, I	NC.					\			
)) (60):18) (10)8):: (60): 60): 99 (: 80): (00)		
Principal Plac	e of Business	Mailing Address				1 (020:201 10 1011 1021 4011 4111			
917 N PALMW	ay street	917 N PALMWAY STREET							
KISSIMMEE FL	34744	KISSIMMEE FL 34744				DO NOT WRITE IN T	HIS SPACE		
					- 1	3. Date Incorporated or Qualifed	THO OF ACE		
						10/27/1997		ſ	
2 Dringing O	lace of Business	2a. Mailing Address		-		4. FEI Number	An	plied For	
<u> </u>	lace of business	<u> </u>				59-3475730	\- 	t Applicable	
Suite, Apt.	# etc	26 Suite, Apt. #, etc.	_				\$8.75		
						5. Certifcate of Status Desired	Fee Re		
City & Stat	te	City & State	City & State			6. Election Campaign, Financing \$5:00 May Be			
23		78				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	try		8. This corporation owes the current year	r Intangible		
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registe	red Agent		
			1	31 Name	Kni	1 C. C. Hartley			
SCOTT, KARL C				32 Street	Addres	s (P.O. Box Number is Not Acceptable)			
917 N PALMWAY STREET			L						
Kis	SIMMEE FL 34744		1	33					
			b	84 City	•			Code	
				'			┝┖╵╎		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the ab	ove-named	corpor	ation submits this statement for the purposes board of directors. I hereby accept the a	se of changing its	registered gistered	
agent. I a	am familiar with, and accept the obliga	ations of Section 607,0505, Flor	ida Statut	es.		s board of directors. I hereby accept the a	111-		
SIGNATURE		Malley.	- /	Karl U.	· S· <u>H</u>	artley Diriffles A	4/15/99	{	
	Signature, typed or printed name or registered age			gent signature i	required w	ADDITIONS/CHANGES TO OFFICER:	E AND DIDECTO	DC IN 12	
12.	T	ND DIRECTORS	13.		DIP		Change	Addition	
TITLE	D COTT KADI C		1.2 NAA		Vac	1 C.S. Hartley	<u> </u>		
NAME	SCOTT, KARL C 917 N PALM WAY ST.		ı			, ero marriag			
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL 34744	☐ DELETE	2.1 TITL	/-ST-ZIP	V/S		☐ Change	Addition	
TITLE			2.2 NAA		100	Hartley	_ ,	. –	
NAME			1	EET ADDRESS	210	N. Palmway St.			
STREET ADDRESS			l.			simmee, FL 34744			
CITY-ST-ZIP		DELETE _	_	Y•ST•ZIP E محسور			Change	Addition	
TITLE	A STATE OF THE STA		3.2 NAM						
NAME				EET ADORESS	1				
STREET ADDRESS	'[Y-ST-ZIP		·			
CITY-ST-ZIP		DELETE	4.1 TITL		†		☐ Change	Addition	
NAME		_	4. 2 NA						
STREET ADDRESS	.[EET ADDRESS		,			
CITY-ST-ZIP	1			/-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL		1		Change	Addition	
NAME			5.2 NAM	Æ					
STREET ADDRESS	₹'.		5.3 STF	EET ADDRESS	:		,		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP					
TITLE		DELETE	6.1 TITI	.E			☐ Change	Addition	
NAME			6.2 NA	Æ					
STREET ADDRESS			6.3 STF	EET ADDRESS				}	

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.