

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 # P97000093607

1. Corporation Name

TRANS-WORLD TILE CORPORATION

Principal Place of Business

2112 FAULK DRIVE
TALLAHASSEE FL 32303

Mailing Address

2112 FAULK DRIVE
TALLAHASSEE FL 32303

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ORTA, ARMANDO E
2112 FAULK DRIVE
TALLAHASSEE FL 32303

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

Armando E. Ota

Signature, typed or printed name of registrant and agent and title of appointment

(NOTE: Registered Agent must be a resident of the State of Florida)

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME ARMANDO E. ORTA

STREET ADDRESS 2112 FAULK DR 4

CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE [] DELETE

NAME VICE-PRESIDENT.

STREET ADDRESS JAMES D. ORTA

CITY-ST-ZIP 306 BELMONT RD.

TITLE [] DELETE

NAME TALLAHASSEE FL 32301

STREET ADDRESS CGINA ORTA

CITY-ST-ZIP TREASUR.

TITLE [] DELETE

NAME 2112 FAULK DR

STREET ADDRESS TALLAHASSEE FL 32303

CITY-ST-ZIP

TITLE [] DELETE

NAME SECRETARY.

STREET ADDRESS VIOLETA ORTA

CITY-ST-ZIP 2112 FAULK DR.

TITLE [] DELETE

NAME TALLAHASSEE FL 32303

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

*****150.00 *****150.00

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SIGNATURE:

Armando E. Ota

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 26/99 (850) 513-1170

(Date)

(Phone Number)

CR2E034 (11/98)

0000070