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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

199	9	DIVISION OF CO	ORPORATIONS		
DOCUMENT # POZOGOGGEOZ				99 APR 26 AM 9: 12	
DOCUMENT # P97000093607				SEUNE JAKY OF STATE	
TRANS-WORLD TILE CORPORATION				TALLAHASSEE, FLORIDA	
				" (TOTAL TARE THE COLUMN ARMS BRISH	
		.:			
Principal Place of Bu	sinėss	Mailing Address			
2112 FAULK DRIVE 2112 FAULK DRIVE TALLAHASSEE FL 32303 TALLAHASSEE FL 32303					
				DO NOT WRITE IN THIS SPACE	1
				3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address				01/01/1998 4. FET Number Applied Fo	,r
21		26		59 -3483342 Not Applic	i
Suite, Apt. #, etc		Suite, Apt. #, etc		5 Certificate of Status Desired \$8.75 Addition	al
City & State		City & State		hee Required	
23 State		28		6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year intangible	
24	25	.i. i	30	Personal Property Tax [] Yes [] No	Ì
9. 1	Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	1
ORTA, ARI	MANDO E				
2112 FAULK DRIVE 82 Street.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
TALLAHAS	SSEE FL 32303		83		
			84 City	[85] Zip Code	
				FL.	
office or registere	ed agent, or both, in the State of	Florida Such change was aut	thorized by the corporation	oration submits this statement for the purpose of changing its register in's board of directors. Thereby accept the appointment as registered	ed
	ar with, and accept the obligation	ins 7 Section 607.0505, Florid	da Statutes	08:126/00	
SIGNATURE Signature	e, typed or profled name of regists red against	and tille if applicable (North F	Corpodered Aljent signature et un o	Externe Sequi DATE	i a
12.	OFFICERS AND	and the second s	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	,
	ESIDENT	[DELETE	111111	[Change [Ar	
STREET ADDRESS 2	2MANDO E. OA	27 4	1.2 NAME 1.3 STREET ADORESS	90002862418 -05/04/9901087035	⋾ 8
CITY-ST-ZIP	112 FAULK DI ALLAHASSEG	F1 32303	14 O(1) ST-ZF	****150.00 ****150.0	រា
	E-PRESIDENT	[] DELETE	2 1 Till.F	[] Change [] Ar	
NAME JA	MBESD. ORTA	_	2.2 NAW		
	NO BELMOUT RO		2.3 STREET ADORESS		
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	INA ORTA REASUR:	(POECE TE	32 NAME	[Change [Ac	ANION
STREET ADDRESS	12 FAULK Dr		33 STREET ACORESS		
) - 	LLAHASSEE F	7 32303	34 C(TY-S1-Z#		İ
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NAME UI	OLEM ORM		4 2 NAME		
STREET ADDRESS	OLEM ÖRTA 12 FAULK DI ALLAHASSEE	". ""/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4.3 STREET ACORESS		
TITLE	ALLAHASSEE	F/ 3 2303	4.4 Culty - \$1 - 2161 5.1 THLE	[Change { Ar	td: an
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STREET ADDRESS			53 STREET ADDRESS	_	
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NAME			6.2 NAME	~ Col	Q['[
STREET ADDRESS			63 STREET ACRORESS	\mathcal{Q}^{D}	

City-st-zie

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.

SIGNATURE:

(850) 5/3-1170