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

' PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morinam '

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9700 TILE & STONE, INC.	0101600 (9))			
Principal Place of Business Mailing Address						
	WEST 8TH PLACE	8201 NORTHWEST 8TH PLACE PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address			12/03/1997 4. FEI Number 65-080//47 Not Applied Fo	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additions	
22		27]			Fee Hequired	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23 Zip	Country	[28]	Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			83	City Roman Republic Process (P.O. Box Number is Not Acceptable)		
SIGNATURE	Signature, typicd or printed name of trigistered a	pertanas (die dar phrable (f	NOTE Registered Agent			
12, TITLE	PTD OF ICERS AT	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	BENSON, WALTER J		1.2 NAME	ļ		
STREET ADDRESS	8201 NORTHWEST 8TH PLA	CF	1.3 SIREET AL	DORESS		
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY - ST -	i		
TITLE	\$ D	DELE TE	2 1 TITLE		☐ Change ☐ Add	
NAME	B ENSON, CRISTINA C		22 NAME	ĺ		
STREET ADDRESS	8201 NORTHWEST 8TH PLA	CE	2 3 STREET AC	DORESS		
CITY-ST-ZIP	PLANTATION FL 33324		2. 4 CITY- ST-	ZIP		
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NAME CYDERT ADDRESS			3.2 NAME	oppree		
STREET ADDRESS			3 3 STREET AL			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - 4.1 TITLE	701	Change Add	
NAME			4. 2 NAME		the control of the co	
STREET ADDRESS			4.3 STREET AC	ODRESS		
CITY-ST-ZIP			4.4 DITY-ST-	1		
TITLE		DELETE	5.1 TITLE	· · · · ·	Change Add	
NAME			5.2 NAME			
STREET ADDRESS			6.3 STREET AT	DURESS		
CITY-ST-ZIP			5.4 CITY - ST-	ZIP		
THILE		DELETE	6.1 TITLE		Change Add	
NAME			6.2 NAME			
OTREET ADDRESS			■ COCEDECT AD	Sporce I		

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 supplienced and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted 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 allachment with an address.

FILED

May 21 1998 8:00am

Secretary of State