

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90053 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106200

1. Corporation Name

THE TILE PROFESSIONALS INC.



Principal Place of Business
2193 E. SEMORAN BLVD.
APOPKA FL 32703

Mailing Address
527 VIA FLORENCE DR.
APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/17/1997	
22 2289 E. Semoran Blvd.		27 1140 Markham Woods Rd.		4. FEI Number	
23 Apopka, FL		28 Longwood, FL		59-3483082	
24 32703		29 32779-2828		Applied For	
25 USA		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CARR, CARRIE M				81 Name	
527 VIA FLORENCE DR.				82 Street Address (P.O. Box Number is Not Acceptable)	
APOPKA FL 32712				1140 Markham Woods Road	
				83	
				84 City	
				Longwood	
				85 Zip Code	
				FL 32779-2828	

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, on 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, CARRIE M	1.2 NAME	
STREET ADDRESS	527 VIA FLORENCE DR	1.3 STREET ADDRESS	1140 Markham Woods Rd.
CITY-ST-ZIP	APOPKA FK 32712	1.4 CITY-ST-ZIP	Longwood, FL 32779
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, GEORGE C	2.2 NAME	
STREET ADDRESS	527 VIA FLORENCE DR	2.3 STREET ADDRESS	1140 Markham Woods Road
CITY-ST-ZIP	APOPKA FK 32712	2.4 CITY-ST-ZIP	Longwood, FL 32779-2828
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

4/28/99

Date

Daytime Phone #

CR2E034 (11/98)