## 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 # P9800003015

1. Corporation Name

S & J TILE & MARBLE, INC.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90207 021 \*\*\*150.00



Principal Place of Business Mailing Address					{	ii <b>aanaa</b> fiiri <b>aa</b> fei	I ISBUL DIIK COUS	
344 N.E. 11TH		344 N.E. 11TH STREET						
CAPE CORAL FL 33909 CAPE CORAL FL 33909								
						DO NOT WRITE IN THIS SPACE		
}						3. Date Incorporated or Qualifed		
9 Dringing I B	Hope of Business	2a. Mailing Address				01/09/1998 4. FEI Number		plied,For.
F-1						65-0797648	<u> </u>	ot Applicable
Suite, Apt.	# etc.		Suite, Apt. #, etc.				\$8.75	
22		27	¬			5. Certifcate of Status Desired	Fee Re	
City & State		City & State	!			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added t	
Zip Country		Zip	Zip Country			8. This corporation owes the current year I		
24 25		29 3	<u>, language de la companya de la com</u>			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registere	d Agent	
ето	ada, Joseph J		81	Name				i
			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
344 N.E. 11TH STREET CAPE CORAL FL 33909			83	<del> </del>				
		[83	<b>'</b> [			e. :		
			84	City			85 Zip (	Code
44 Dunningt	to the provisions of Spations 607.050	2 and 607 1509 Florida Statutos	the obes	n named		ration submits this statement for the purpose	of changing its	renistered
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	orized by	the corpo	oration	's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statute:	<b>S</b> .				ļ
SIGNATURE	Signature, typed or printed name of registered ager	et and little if applicable (NOTE: De	wistand Age	ani entre ine	aculted v	when reinstating) DATE		<del></del>
12.	<del></del>	D DIRECTORS	13.	and signature :	040,000	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		$\Box$		Change	Addition
NAME	STRADA, JOSEPH J	1.2 NA			ľ			1
STREET ADDRESS	344 N.E. 11TH STREET		1.3 STREE	T ADDRESS	}	•	-	ž
CITY-ST-ZIP	CAPE CORAL FL 33909		1.4 CITY-5	ST-ZIP	ļ			
TITLE		☐ DELETE	2,1 TITLE		m.	.m Pastrana	☐ Change	A Addition
NAME			2.2 NAME		,	M Pastrana 1621 Coconut Drive		ļ
STREET ADDRESS			2.3 STREE	T ADDRESS	3			ļ
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	ES	tero, FL 33928		
TITLE		☐ DELETE	3.1 TITLE		ļ		☐ Change	Addition
NAME			3.2 NAME		)			}
STREET ADDRESS			3.3 STREE	T ADDRESS				Į
CITY-ST-ZIP	<b></b>		3.4. CITY-		<u> </u>			
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NAME			. 4. 2 NAME		}			J
STREET ADDRESS			L	T ADDRESS				ļ
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NAME STREET ADDRESS				T ADDRESS				j
			5.4 CITY-5					ĺ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		<del> </del> -		Change	Addition
NAME	}	C4 P	6.2 NAME		]			
STREET ADDRESS				T ADDRESS	ĺ			
CITY-ST-ZIP		-	6.4 CITY-5					
V. L.					ı			

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 others like empowered.

SIGNATURE:

1-26-99

458-5946