**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90247 029 \*\*\*150.00

## DOCUMENT # P98000008846

1. Corporation	n Name	1 —							
PERELLA TILE INSTALLATION, INC.									
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6807 W BURKE STREET 6807 W BURKE STREET TAMPA FL 33634 TAMPA FL 33634									
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					3. Date Incorporated or Qual	fed			}
	<i>u</i> -,				01/26/1998				ĺ
2. Principal Pl	face of Business	2a. Mailing Address			4. FEI Number			olled For	1
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Suite, Apt.	#, etc.	Suite, Apt. #, etc	<b>3.</b>		5. Certifcate of Status Desire	d $\square$	Fee Re	1	1
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City & State	в	City & State			Election Campaign Financ     Trust Fund Contribution	"g 🗆	\$5.00 ( Added to		ĺ
23} Zip	Country	28 Zip	Co	untry	B. This corporation owes the	current wear int			İ
24	25	29	30	<u> </u>	Personal Property Tax.	Contain your wie		□No	
241	9. Name and Address of Current		1001		10. Name and Address of Ne	w Registered	Agent		1
				81 Name	.1.	11-			1
SAN	DERS, WALTER			82 Street Add	drace (B.O. Box Number is Not Acc	CELLO			
1391	IO N DALE MABRY HWY, STE 1			682	dress (P.O. Box Number is Not Acc	E 24			l
TAM!	PA FL 33618	_		83				-	
				PA City			85 Zip C	ode J	ł
				B4 City —	ampa	FL	,   COS	D3 ]	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the	above-named cor	poration submits this statement for	the purpose of	changing its	registered	]
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m semillar with, and accept the obligation	of Florida, Such change t ions of Section 607 050	was authorize 5. Florida Sta	ed by the corporat itutes.	tion's postd of directors. I hereby a	scept the appor	numani as reg	istered i	
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agent, I al	Signature lighed or printed name it registered agent	cretto	(NOTE: Registers	ed Agent signature requi	red when reinstating)	DATE	1 1		œ œ
	Signature In Bed or printed name of registered agent OFFICERS AND	and title if applicable.  D DIRECTORS	(NOTE: Registers	ed Agent signature requi	-3-	DATE	DIRECTO	RS IN 12	1/98)
SIGNATURE	Signeture (hybed or printed name in registered agent OFFICERS AND	cretto	(NOTE: Registers 13. TE 1.1 T	nd Agent signature require.	red when reinstating)	DATE	1 1		4 (11/98)
SIGNATURE 12. TITLE NAME	Signature hybrid or printed name in registered agent OFFICERS AND D PERELLA, GREGORY	and title if applicable.  D DIRECTORS	(NOTE: Registers 13.) TE 1.1 T	ad Agent signature require.	red when reinstating)	DATE	DIRECTO	RS IN 12	034 (11/98)
SIGNATURE 12.	Signeture laybed or printed name its requirement agent OFFICERS AND D PERELLA, GREGORY 6807 W BURKE STREET	and title if applicable.  D DIRECTORS	(NOTE: Registere 13. TE 1.1 T 1.2 N 1.3 S	nd Agent signatura require.  ITTLE  NAME  STREET ADDRESS	red when reinstating)	DATE	DIRECTO	RS IN 12	2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature Tribed or printed manager registered agent OFFICERS AND D PERELLA, GREGORY 6807 W BURKE STREET TAMPA FL 33634	and title if applicable.  D DIRECTORS	(NOTE: Registers 13. TE 1.1T 12.6 1.3.5	ad Agent algorithm require. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	red when reinstating)	DATE	1 1 1 DIRECTO	RS IN 12	CR2E034 (11/98)
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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 eath; 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.

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