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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000011908			
1. Corporation Name EUROPEAN TILE MASTERS, INC.			
Principal Place of Business 11938 W. SAMPLE RD. CORAL SPRINGS FL 33065		Mailing Address 11938 W. SAMPLE RD. CORAL SPRINGS FL 33065	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 02/05/1998	
21	2a. Mailing Address	4. FEI Number 65-0815722	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	2c. Mailing Address	7. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No	
Zip Country			
24	2d. Mailing Address		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SZELL, BENJAMIN J 11938 W. SAMPLE RD. CORAL SPRINGS FL 33065		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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, or 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENJAMIN J. SZELL	1.2 NAME	
STREET ADDRESS	11938 W. SAMPLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	1.4 CITY-ST-ZIP	
TITLE	V.P. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KRYSTAL L. SZELL	2.2 NAME	
STREET ADDRESS	11938 W. SAMPLE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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: B. J. Szell **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99
Date

Daytime Phone #

CR2034-11/99