## **PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000013617

1999

## FILED = May 04, 1999 8:00 am = Secretary of State

05-04-1999 90153 026 \*\*\*150.00

SOUTHE	HN BHEEZE TILE, INC.							
Principal Place	e of Business	Mailing Address						
1214 MILL CRE		1214 MILL CREEK TR				}		
CANTONMENT FL 32533 CANTONMENT FL 32533			33			DO NOT WRITE IN	THIS SPACE	•
ŀ						3. Date Incorporated or Qualifed		
1						02/11/1998		
2 Principal F	Mace of Business	Za: Malling Address		<del></del>		4. FEI Number		Applied For
21		26				59-349:7852		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	75 Additional
22		27				G. Collection of Dates Boston	Fe	e Required
City & Stat	<u>te</u>	City & State			_	8. Election Campaign Financing		.00 May Be
23    Zip	Country	28     Zip		untry		Trust Fund Contribution		ded to Fees
<b>⊢</b>	25 Country	29 Z.p	30	unuy		<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	arintangible Yes∐	No.
24)	9. Name and Address of Curt		]30]	Γ		10. Name and Address of New Registe		
				81 Nami	9			<del>;</del>
	ES, ROY D			82 Stree	t Addra	ss (P.O. Box Number is Not Acceptable)		
	MILL CREEK TRAIL			82 Street Add		isa (F.O. BOX Number is not Acceptable)		<u>.</u>
CAN	ITONMENT FL 32533			83				
•				84 City			. 85	Zip Code
1				{   [ ]		<del>_</del>	FL()	,
							95 OI GIRLINI	in in indistribu
	to the provisions or sections corrier registered agent, or both, in the Star im familiar with, and accept the obli-	te of Florida. Such change w gations of, Section 607.0505	vas authorized i, Florida Stat	d by the cor lutes.	poration	ration submits this statement for the purpos n's board of directors. I hereby accept the a	ppointment i	as registered
11. Pursuant office or r agent. I a	Signature, typed or printed name of maistaned a	igent and the if applicable.	(NOTE: Registered	d Agent signatur		when reinstating) DAT	E	
SIGNATURE	Signature, typed or printed name of registered =	opent and title if applicable.  AND DIRECTORS	(NOTE: Registered	d Agent signatur			E S AND DIRE	CTORS IN 12
SIGNATURE 12.	Stauture typed or printed name of registered a OFFICERS/	AND DIRECTORS	(NOTE: Registered 13, E 1,1 TI	d Agent signatur ITLE		when reinstating) DAT	E	CTORS IN 12
SIGNATURE 12. VITLE NAME	Stauture typed or printed name of registered a OFFICERS/	AND DIRECTORS	(NOTE: Registered 13. E 1.1 TI 1.2 N	d Agent signatur ITLE	e required i	when reinstating) DAT	E S AND DIRE	CTORS IN 12
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14. I hereby certify that the information supplied with this filling 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 cath; 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 charged, every arrangular ment with ampeddings, with all other like empowered.

SIGNATURE: (

KEOLURED