

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90005 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000015262

1. Corporation Name

TILE KINGDOM INC.

Principal Place of Business

717 - N.E. 12TH TERRACE
BOYNTON BEACH FL 33435

Mailing Address

717 - N.E. 12TH TERRACE
BOYNTON BEACH FL 33435This should have been
717-8 NE 12th terr

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/12/1998

4. FEI Number

65-0890188

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.

Yes No

2. Principal Place of Business

21 1599 SW 30th Ave

Suite, Apt. #, etc.

22 Suite # 5

City & State

23 Boynton Beach, Florida

Zip

24 33426

Country

25 West Palm Beach

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Boynton Beach, Florida

Zip

30 West Palm Beach

10. Name and Address of New Registered Agent

81 Name CAHIT S. EGILMEZ

82 Street Address (P.O. Box Number is Not Acceptable)

1599 SW 30th Ave Suite # 5

83

84 City Boynton Beach

FL

85 Zip Code

33426

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

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

CAHIT S. EGILMEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

September 10, 1999

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EGILMEZ, ZEYNEP F	
STREET ADDRESS	717 - N.E. 12TH TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAHIT S. EGILMEZ	
1.3 STREET ADDRESS	1599 SW 30th Ave Suite # 5	
1.4 CITY-ST-ZIP	Boynton Beach, Florida 33426	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

CAHIT S. EGILMEZ 9-1-99 561-436-6050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)