


OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000024738		
Corporation Name TILE & MARBLE DESIGNS 2000, INC.		

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90004 015 ***550.00

Principal Place of Business 5 CHESAPEAKE CIRCLE TANALA FL 33462	Mailing Address 3575 CHESAPEAKE CIRCLE LANTANA FL 33462
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1998	4. FEI Number 65-0732935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Principal Place of Business 3495 Woodbright Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33436	Country U.S.A.

9. Name and Address of Current Registered Agent CROY, MADELINE A 18201 CLEARBROOK CIRCLE BOCA RATON FL 33498	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
---	--

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Madeline A. Croy, V. Pres. MADELINE A. CROY 9-10-99 (561) 742-2525

CR2E034 (5/99)