

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).

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90004 015 ***550.00

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.



Principal Place of Business
**5 CHESAPEAKE CIRCLE
 LANTANA FL 33462**

Mailing Address
**3575 CHESAPEAKE CIRCLE
 LANTANA FL 33462**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1998

Principal Place of Business 3495 Woolbright Rd.	2a. Mailing Address 26	4. FEI Number 65-0732935	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State Boynton Beach, FL	28. City & State Boynton Beach, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 33436	Country U.S.A	29. Zip 33436	Country U.S.A
7. This corporation owes the current year Intangible Personal Property.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 MADELINE A. CROY
82 Street Address (P.O. Box Number is Not Acceptable) 3575 CHESAPEAKE Cir.
83
84 City Boynton Beach FL
85 Zip Code 33436

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP		1.2 NAME	PRESIDENT
ET ADDRESS	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	LEONARD FUSCO
ST-ZIP		1.4 CITY-ST-ZIP	3575 CHESAPEAKE CIR BOYNTON BEACH, FL 33436
ET ADDRESS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP		2.2 NAME	V. PRESIDENT
ET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	MADELINE A. CROY
ST-ZIP		2.4 CITY-ST-ZIP	3575 CHESAPEAKE CIR BOYNTON BEACH, FL 33436
ET ADDRESS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		3.2 NAME	
ET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
ET ADDRESS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		4.2 NAME	
ET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
ET ADDRESS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		5.2 NAME	
ET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
ET ADDRESS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		6.2 NAME	
ET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

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. PRESIDENT** MADELINE A. CROY 9-10-99 (561) 742-2525

CR2E034 (5/99)