Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90054 023 \*\*\*150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE-

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000029786

1. Corporation Name

TILE & MARBLE CONSULTING BY WALDEMAR, INC.

Principal Plac 3985 COCOPLI COCONUT CRE 2. Principal P 11 Suite, Apt.	EEK FL 33064 Place of Business #, etc.	Mailing Address 3985 COCOPLUM CIRCLE COCONUT CREEK FL 33  2a. Mailing Address 26  Suite, Apt. #, etc. 27				DO NOT WRITE IN THE 3. Date Incorporated or Qualifed 03/26/1998  4. FEI Number 65 - 083 - 30 - 60  5. Certificate of Status Desired	IIS SPACE	oplied For ot Applicable Additional
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country 25	Zip 29	70 Cou	intry		This corporation owes the current year Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registere	d Agent	
ADA	ARC MADOUALL A ECWI			81	Name			
4400	.MS, MARSHALL A ESW. ) WEST SAMPLE ROAD  E 112		8:		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	CONUT CREEK FL 33073		83					
				84		F	LII	Code
office or r agent. I a	to the provisions of seconds of 7,500 segistered agent, or botto, in fig. 5 fifting on familiar with, and accept the obligation familiar with, and accept the obligation of the second o				e-named corporatio the corporatio	pration submits this statement for the purpose n's board of directors. I hereby accept the appropriate of the purpose of the p	ointment as re	registered gistered
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSTD /	☐ DELETE	1.1 TIT	ΓLE			☐ Change	Addition
NAME	Juzwik, Waldemar		1.2 NA	4ME	İ	•	•	
STREET ADDRESS	3985 COCOPLUM CIRCLE		1.3 ST	REET	ADDRESS			,
CITY-ST-ZIP	COCONUT CREEK FL 33064		1.4 CiT	TY-ST	-ZIP			
TITLE	VP □ DELETE 2.1 T		TLE			☐ Change	☐ Addition	
NAME	Jużwik, Waldemar		2.2 NA	<b>ME</b>				
STREET ADDRESS	3985 COCOPLUM CIRCLE		2.3 ST	REET	ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL 33064		2. 4 CI	ITY-S¹	T-ZIP			
TITLE		☐ DELETE	3.1 TIT			en e	Change	☐ Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP				ITY-ST				i
TITLE		☐ DELETE	4.1 TIT		-		Change	☐ Addition
VAME			4. 2 N				_ •	_
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CIT			- \ -	•	ł
TITLE		☐ DELETE	5.1 TIT				Change	Addition
AME		_ :-	5.2 NA					
STREET ADDRESS			1		ADDRESS		•	
DITY-ST-ZIP			5.4 CIT					
TILE		DELETE	6.1 TIT				☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fibrida 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 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 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 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 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 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 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 the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

1/1/1///// 01/05/

CROEUS