PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800060447

1. Corporation Name

HOUSE OF CERAMIC TILE, INC.

FILED
Feb 27, 1999 8:00 am
Secretary of State
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02-27-1999 90005 001 ***150.00

Principal Place of Business Mailing Address				DO NOT WRITE IN THIS SPACE			
1101 S. WOODLAND BLVD DELAND FL 32724	1101 S. WOODLAND BLVD DELAND FL 32724						
				3. Date Incorporated or Qualifed 06/30/1998			
Principal Place of Business 21	2a. Mailing Address 26			4. FEI Number 59-352/938	Applied For Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	Zip Cc	untry		This corporation owes the current year In Personal Property Tax.	itangible □ Yes □ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
LAVELLE, PATRICIA		81	Name				
1101 S. WOODLAND BLVD.		82	Street Add	ress (P.O. Box Number is Not Acceptable)	·		
DELAND FL 32724		83					
		84	City		85 Zip Code		

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.

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDENT DELETE 1.1 TITLE Change Addition NAME John Teres STREET ADDRESS 12046 FT smith Blud STREET ADDRESS 12046 FT smith Blud STREET ADDRESS 14 CTTY-ST-ZIP TITLE Secretary Treas Delete 2.1 TITLE STREET ADDRESS 12 Change Addition NAME Patrick Lavelle STREET ADDRESS 12 CHANGE STREET ADDRESS 12 CHANGE STREET ADDRESS 12 CHANGE STREET ADDRESS 12 CHANGE STREET ADDRESS STREET ADDRESS	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	/NOTE: Re	gistered Agent signature rec	nuired when reinstating)	DATE	
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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 one attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR