FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000067843

1. Corporation Name

ELEGANT TILE & MARBLE, INC.

Mar 30, 1999 8:00 am Secretary of State 03-30-1999 90011 032 ***150.00



| Principal Place of Business Mailing Address | | | | | | | | |
|---|---|---|--------------|---------------|---------------------|--|-----------------------------------|---------------|
| 2226 13TH STR NAPLES FL 341 | | 2226 13TH STREET NORTH NAPLES FL 34103 | | | • | DO NOT WRITE IN THI | S SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 08/04/1998 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | A | pplied For |
| 21 | | 26 | | | | 59-3527227 | N | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | Additional |
| 22 | | 27 | | | | J. Octavolto di otto 201110 | Fee R | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | |
| Zíp | Country | Zip | Cou | intry | | 8. This corporation owes the current year I | | |
| 24 | 25 | | 30 | | | Personal Property Tax. | ∐ Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | 04 | Mana | 10. Name and Address of New Registere | Agent | |
| A 3 4 E | DII AMMED | | | 81 | Name | | | |
| | RILAWYER | · · | | | Street Addr | ess (P.O. Box Number is Not Acceptable) | | |
| | ALMERIA AVENUE | | | | | | | |
| CUH | AL GABLES FL 33134 | | | 83 | | | | |
| | • | | | 84 | City | | 85 Zip | Code |
| | | | | | • | <u></u> | | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati | t Florida Such channe was a | autnonzer | าทข | ine corooraiii | poration submits this statement for the purpose on's board of directors. I hereby accept the app | or changing its pintment as re | egistered · |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered agent | | | Agen | t signature require | ed when reinstating) DATE | ND DIDECT | ODC IN 42 |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS | Change | |
| TITLE | PTD | ☐ DELETE | 1 | | | | Change | |
| NAME . | OSCAN, OCCUPATION | | I.2 NAME | | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES FL 34103 | | | ITY-S1 | Γ-ZIP | | Change | ☐ Addition |
| TITLE | SVD | ☐ DELETE | 2.1 TI | | | , | □ Citalige | - Addison |
| NAME | BLANCO, JULIO | | 2.2 N | | | | | |
| STREET ADDRESS | | | 2.3 S | TREET | ADDRESS | | | 1 |
| CITY-ST-ZIP | NAPLES FL 34103 | | | ITY-S | T-ZIP | | ☐ Change | Addition |
| TITLE | | ☐ DELETE | 3.1 ∏ | | | | □ Change | |
| NAME | • | | 3.2 N | | | | | ļ |
| STREET ADDRESS | | | | | ADDRESS | • | | |
| CITY-ST-ZIP | | □ nerere | | TY-S | T-ZIP | | ☐ Change | Addition |
| TILE | | _ DELETE | 4.1 11 | | | | | |
| NAME | | | 4. 2 N | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | | ITY-S | T-ZIP | | Change | Addition |
| TITLE | | ☐ DELETE | 5.1 T | | | | | |
| NAME |] | | 5.2 N | | T ADDDECO | | | |
| STREET ADDRESS | | | | | F ADDRESS | | | |
| CITY-ST-ZiP | | | 5.4 C | ITY-S | 1- ∠ IP | *** | ☐ Change | Addition |
| TITLE | | DELETE | | | | | | ☐ vacamon |
| NAME | | | 6.2 N | | r 40000000 | | | i |
| STREET ADDRESS | | | | TKEET | F ADDRESS | • | | |
| | L . | | ■ 647 | TIY.C | 1.770 | | | |

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, with all other like empowered.

SIGNATURE: