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 # P98000087776

LANAI TILE, INC.

Dringing Blace of Business

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90226 008 ***150.00

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Fillicipal Flace	o o business	Walling Address					
10845 N DOGW		10845 N DOGWOOD TRAIL					
JUPITER FL 334	478	JUPITER FL 33478			DO NOT WRITE IN THIS	SPACE	
					3. Date Ir corporated or Qualifed		
					10/14/1998		
		D. Mailing Addrson			4, FEI Number	Δ	pplied For
1	ace of Business	2a. Mailing Address	0		65-0868452	<u> </u>	<u> </u>
21 4 09	DUANS KOANS	26 4109 BURNS	MOA!	7	6)-0000712		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22							equired
City & Sate	e ,	City & State		_	6. Election Campaign Financing		Nay Be
23 Jam B	CACH GARDONS FL	28 JAZM SCALIGAR	INNI	HL .	Trust Fund Contribution	Added	to Fees
Zip	Ł Coun'ry	Zip	Country	i	8. This corporation owes the current year late		
24 33410	25	29 33410 30			Personal Property Tax.	☐Yes	[No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
ARM	OUR, ALAN I II			0	(D.O. D. Nambou in Not Assemble)		
1645	PALM BEACH LAKES BLVD, SUI	TE 1200	82	82 Street Address (P.O. Box Number is Not Acceptable)			
	T PALM BEACH FL 33401		83				
111.0	The second second					_	
			84	City	<u> </u>	85 Zip	Code
				<u> </u>	<u>F</u> L		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu es, t	he abov	e-named co	o poration submits this statement for the purpose of ation's board of cirectors. I hereby accept the appoint	changing its	s registered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Ficrida	Statutes	ine corpora s.	ation's board of chectors. Thereby accept the appoin	illicit do /	,g/3.6/00
SIGNATURE	Signature, typed or printed har ie of registered agent	and title if applicable (NOTE Regi	stered Age	nt signature requ	u red when reinstating) DATE		
12.	OFFICERS AND		13.	• • • • • • • • • • • • • • • • • • • •	ADDITIC NS/CHANGES TO OFFICERS / N	ID DIRECTO	OF S IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	TATUM, MORGAN G		1.2 NAME				
	10845 N DOGWOOD TRAIL	7		TADDRESS			
STREET ADDRESS							Į.
CITY-ST-ZIP	JUPITER FL 33478		1.4 CITY-S 2.1 TITLE	11-ZIP		Change	Addition
TITLE		_					
NAME			2.2 NAME				J
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP			
TITLE			3 1 TITLE	- 1		Change	☐ Addition
NAME		8	3 2 NAME				ļ
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į			3.4. CITY-5				
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE			Change	Addition
		_	4. 2 NAME				İ
NAME		1		TADORESS			ľ
STREET ADDRESS				-			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP		Change	Addition
TITLE		☐ DELETE	51 TITLE				☐ Addidoll
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP		1	5.4 CITY - 9	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	İ	1	6.2 NAME	ŀ			
			63 STREE	TADDRESS			
STREET ADDRES S		· ·	6.4 CITY-S				
CITY OT 7ID	I .		U.** UH 1 ** C	e : 4.00			I

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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE IND TYPED OR FRINTED NAME

GNING OFFICER OR DIRECTOR

, TArun

4-21-59

561627143

Daytime Phone

:R2E034 (11/98)