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

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90131 023 ***150.00

DOCUMENT # P98000088871

CREATIVE TILE DESIGNERS, CORP.

Principal Place of Business Mailing Address)	t 1010t faidt faint i	E881 1181 1881 _
525 BAREFOOT WMS RD. #122 525 BAREFOOT WMS RD. #12)2					
NAPLES FL 34113 NAPLES FL 34113						DO NOT WRITE IN THIS	S SPACE	
						3. Date Incorporated or Qualifed		
						10/16/1998		}
2. Principal Pl	ace of Business	2a. Mailing Address			,	4. FEI Number	App	plied For
	BEXCHANGE AVE	26 4573 EXC	Y/W	70P/	rue	59-3534399		t Applicable
Suite, Apt.		Suite Apt. #, etc.		J		5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23 NAPLES, FC 28 MUDIES, F				Country		Trust Fund Contribution	Added to	Fees
Zip Country C				Oλ		8. This corporation owes the current year In		□No
24 04	25 USA	29 2 107 30		<u> ۱۸</u>		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name		IV. Name and Address of New Registered	Agein	
ARCIA, AILED				0, 1	A 1.d	(D.O. Day Mustania Not Assentable)		
525 BAREFOOT WMS RD, #122				Street	Addres	ss (P.O. Box Number is Not Acceptable)		
NAPLES FL 34113			83		-			
			84	City		FL	85 Zip C	Code
		COZ 4500 Flide Ctentre	the obes	o nomed	corpor	ration submits this statement for the purpose of	f changing its	registered
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	i.		•		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	gistered Age	nt signature i	required w	when reinstating) DATE	· · · · ·	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P □ DELETE 1.1 Tr		1.1 TITLE				Change	☐ Addition
NAME	ALVAREZ, WILLIAM		1.2 NAME					
STREET ADDRESS	525 BAREFOOT WMS RD, #122		1.3 STREE	TADDRESS				
CITY-ST-ZIP	NAPLES FL 34113		1.4 CITY-S	T- ZIP				□ Addition
TITLE	V	☐ DELETE	2.1 TITLE				Change	Addition
NAME	arcia, ailed		2.2 NAME					
STREET ADDRESS	525 BAREFOOT WMS RD, #122		2.3 STREE	TADDRESS				
CITY-ST-ZIP	NAPLES FL 34113		2. 4 CITY-5	ST-ZIP			☐ Change	Addition
TITLE !	T	☐ DELETE	3.1 TITLE				Change	☐ Yaqıngıı
NAME	ARCIA, YOSVANY		3.2 NAME					
STREET ADDRESS	525 BAREFOOT WMS RD, #122			T ADDRESS		الاحتمام والاجتراء مطاور عيامون المتعارضون أرامه والميتهود		٠
CITY-ST-ZIP	NAPLES FL 34113	DELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP	S		Change	Addition
TITLE	S NAMES IODOE D	DELLIC			-0	Ancisco MORALES		
NAME	Alvarez, Jorge R 525 Barefoot WMS RD, #122		4.2 NAME	T ADDDESS	3.0	ANCISCO MORITAGO 2000 SAMA BORBONI 2018 S. F.C. 34116	aBlvd.	#C
STREET ADDRESS	NAPLES FL 34113		AA CITY S	T. 7ID	100	DIOS EC 30110		Ì
CITY-ST-ZIP TITLE	NAPLES PE 34113	☐ DELETE	5.1 TITLE	1-21	112	TOTE STITE STITE	☐ Change	Addition
NAME		<u>-</u>	5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				Ì
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					}
STREET ADDRESS			6.3 STREE	TADDRESS				1
CITY OT 7ID			6.4 CITY-S	T-ZIP				1

14. 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 attaching with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR