PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000100407

1. Corporation Name

AESTHETICALLY CREATIVE TILES - INC.

Principal Flac	ce of Business	Mailing Address							
9896 N.W. 48TH	I CT.	9896 N.W. 48TH CT.							
Coral Spring	S FL 33076	CORAL SPRINGS FL 33076			DO NOT WRITE IN T	LIIC CDA	ne		
							IIIS SPA		
						3. Date Incorporated or Qualifed			
						11/10/1998			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			plied For
21 26			. <u></u>			65-0876861			: Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			dditional
22		27						Fee Re	quired
City & Sta	te	City & State				6. Election Campaign Financing			May Be
23	28					Trust Fund Contribution		Added t	o Fees
Zip	Country Zip		Co	untry	I .	8. This corporation owes the current year	r Intangibl	le	<u>.</u>
24	25	29	30			Personal Property Tax.	Y		⊠No
	9. Name and Address of Cur	rent Registered Agent		1_		10. Name and Address of New Registe	red Agen	<u>t</u>	
				81	Name				
Berman, Robert j				82	Stroot Auto	fress (P.O. Box Number is Not Acceptable)	-		
9896 N.W. 48TH CT.				62	Sileer And	gress (F.O. BO.: Number is Not Acceptance)			
COR	AL SPRINGS FL 33076			83					
				84	City	1	85	Zip (Code
					L	poration submits this statement for the purpos	<u> </u>		- maintaged
SIGNATURE	am familiar with, and a cept the obl					red when reinstating.			
	Signature, typed or printed ni me of registered			_	nt signature requin	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DECTO	12S IN 12
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS		Change	☐ Addition
TITLE	D	D pereie		ITLE				mango	
NAME	BERMAN, ELLEN			IAME					
STREET ADDRI SS	9896 N.W. 48TH CT.		1.3 5	TREET	TADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33076			CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 7	TILE				Change	Addition
NAME	BERMAN, ROBERT J		2.2 N	IAME					
STREET ADDRESS	9896 N.W. 48TH CT.		2.3 5	TREE	T ADORESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33076		2.4	CITY-S	ST-ZIP				
TITLE	\	☐ DELETE	3.1 T	ITLE				Change	☐ Addition
NAME			3.21	NAME					
STREET ADDRESS	3		3.3.5	TREE	TADDRESS				
CITY-ST-ZIP			34 1	CITY-S	\$T-21P				
TITLE	 	☐ DELETE		TITLE				Change	Addition
NAME		-	1	NAME					
			1		T ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		DELETE		OTY-S	1-219			Change	Addition
TITLE		□ perete		ITLE NAME				mange	
NAME	1				TADODECO				
STREET ADDRESS	5				T ADORESS				
CITY-ST-ZIP				OTY-S	T-ZIP				
TITLE		☐ DELETE		IIILE				Change	☐ Addition
NAME	,		6.2 1	AME					
STREET ADORESS			6.3.5	STREE	T ADDRESS				

14. herety certify that the informa ion supplied with this filting 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 attact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICE & OR DIRECTOR

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90116 023 ***150.00