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

PROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.

City & State

22

23

24

DOCUMENT # S02653



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90025 018 ***150.00

11 318 01181 01183 1131 0 11	EHI BIDII BIDII BIBII BIBII BIBII B	1811 188

DO NOT WRITE IN THIS SPACE

1. Corporation Name TILE MARKET, INC.

City & State

Principal Place of Business Mailing Address 834 ORANGE AVE 834 ORANGE AVE WINTER PARK FL 32789 WINTER PARK FL 32789 US 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc.

Zip Country Zip 25 29 9. Name and Address of Current Registered Agent

5. Certifcate of Status Desired Country 30

6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Y Yes Personal Property Tax.

3. Date Incorporated or Qualifed

09/26/1990 4. FEI Number

59-3034456

\$5.00 May Be Added to Fees

\$8.75 Additional

Fee Required

□No

Applied For

Not Applicable

VANDERMAST, ARNOLD E 2403 HOWARD DRIVE ORLANDO FL 32890

10. Name and Address of New Registered Agent			
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
	The state of the s		
83	1200年4月11日 11日 11日 11日 11日 11日 11日 11日 11日 11日		
84	City Fi 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.

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETÉ TITLE VANDERMAST, ARNOLD E. 1.2 NAME NAME 2403 HOWARD DR 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE 3.2 NAME 上的 使一切性 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS Variety 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address, with all other like empowered. Block 12 or Block 13 if change

1- 11-99 (407) 628 4332

CR2E034