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

PROFIT **COF!PORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # S22544

BRANDON TILE & INTERIORS, INC.



FLORIDA DEPAR MENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-27-1999 90080 010 ***150.00

A COMPANIO DE CUATO DERDE MINI MENO DEPOS MENOS ALBER ANALIA MENOS ALBERANDOS

Principal Place of Business Mailing Address								
2222 BLOOMIN VALRICO FL 33	GDALE AVENUE 594	2222 BLOOMINGDALE AVENUE VALRICO FL 33594				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed 12/24/1990		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
1 26						59-3040711	N	ot Applicable
Suite, Ap	# etc	_ {	Suite, Apt. #, etc.				\$8.75	Ad litional
<u></u>	., 5.5.	27	·			5. Certifca e of Status Desired	Fee R	equired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
3		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry		8. This co poration owes the current year	Intangible	İ
24	25	29	30			Personal Property Tax.	Yes	[]No
	9. Name and Address of Current	Registered Agent		ļ		10. Name and Address of New Register	e I Agent	
				81	Name		,	
KRUEGER, GARY L.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
2222								
TAM	PA FL 33594			83				
				84	City		. 85 Zip	Code
				1 1	•		-L	
office cr	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	it Florida. Such change was	autnonze	ועסנ	ine corporatio	oration submits this statement for the purposion's board of directors. I hereby accept the ap	e of changing it of ointment as r	s registered egistered
SIGNATUF:E							- 	
	Signature, typed or printed name of registered agen			1 Agent	t signature req ilrec	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
<u>12.</u>	OFFICERS ANI	DELETE	13.		———	ADDITIONS/GITANGES TO OFFICE NO.	Change	
TITLE	PD CARY	-					_ "	_ (
NAME	HOLOLI, GAITE		1.2 NAME 1.3 STREET ADDRESS				}	
STREET ADDRESS	1							
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TITLE	STD FLANE M	_			ļ			
NAME	MOEGEN, CEMILE III.		9	2.2 NAME 2.3 STREET ADDRESS				İ
STREET ADDRESS	} == .		1		T-ZIP			}
CITY-ST-ZIP	TAMPA FL	☐ DELETE	31T				Change	☐ Addition
		- -	32 N					1
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NAME			4 2 !	NAME				
STREET ADD RESS			4.3 \$	TREET	ADDRESS			ĺ
CITY-ST-ZIP	ļ			:rr-si	1			
TITLE		☐ DELETE	5.1 T				Change	Addition
NAME			52 N	IAME				
STREET ADDRESS)		5.3 8	TREET	ADDRESS			-
CITY-ST-ZIF			5.4 0	ITY-S1	î-ZIP			
TITLE		☐ DELETE	6.1 T	TILE			☐ Change	Addition
NAME			621	IAME				
STREET ADI RESS			6.3 5	TREET	ADDRESS			i
_,,,,	1		640	TTV. S	T. 7ID			

14. The eby certify that the information supplied with this filing does not qualify for the exemption state I 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 a currate 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 attrichment with an address, with all other like empowered.

SIGNATURE:

813-671-4585