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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Morrison
Secretary of State
OFFICE OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S40686

(5)

1. Corporation Name

IMPERIAL TILE AND MARBLE, INC.

Principal Office (If Different)

**5518 W LINEBAUGH AVE
TAMPA FL 33624**

Mailing Address

**5518 W LINEBAUGH AVE
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Registered or Qualified

03/26/1991

3a. Date of Last Report

05/01/1994

2. Principal Office of Directors

21

2a. Mailing Address

26

4. FEI Number

59-3053583

Applied For

☐ Not Applicable

State, Apt. # etc.

22

State, Apt. # etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

County

24

City

25

County

29

City

30

8. Does corporation have liability for principal officers under § 607.01, Florida Statutes?

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMIREZ, SAMUEL
5518 W LINEBAUGH AVE
TAMPA FL 33624**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

11. I, the undersigned, being a resident of the State of Florida and duly qualified under the Florida Statutes, the above named corporation, hereby, by the authority of the principal officers of the corporation, certify that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a shareholder of the corporation of which I am the registered agent.

SIGNATURE

Print Name and Title of Agent

Print Name and Title of Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

**D
RAMIREZ, SAMUEL
5518 W LINEBAUGH AVE
TAMPA FL**

1. NAME

1. STREET ADDRESS

1. CITY & STATE

2. NAME

2. STREET ADDRESS

2. CITY & STATE

3. NAME

3. STREET ADDRESS

3. CITY & STATE

4. NAME

4. STREET ADDRESS

4. CITY & STATE

5. NAME

5. STREET ADDRESS

5. CITY & STATE

6. NAME

6. STREET ADDRESS

6. CITY & STATE

14. I, the undersigned, certify that the information supplied with the filing is substantially true and correct and that I am not guilty for the information stated in Section 607.01(2)(b) Florida Statutes. Further, I certify that the information included in 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 owner of business employment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of the officers, directors, or owners of the corporation with an address.

SIGNATURE:

Samuel Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 813-961-4403