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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # \$44772

MARBLE CRAFT & RESTORATION, INC.

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(S)	

## **FILED** Apr 01 1997 8:00am Secretary of State

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Principal Piace of Business Mailing Address  208 NE DIXIE HIGHWAY 208 NE DIXIE HIGHWAY STUART FL 34994-1844				C ARENIEND IN GUIDA BARIN (BRIN (BRIN HELD HELD HELD HELD HELD HELD) BYRIN BARIN BYRIN BYRIN BORN				
					3. Date Incorporated or Qualified 04/10/1991		of Last F 5/1996	Report
	lace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
	SW HAND AVE		H3ND.	Ave	65-0253070			ot Applicable
Suite. Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	^	City & State			6 Floring Control of Figure 1			<del></del>
<u> </u>		28 Paym City	F	_	Election Campaign Financing     Trust Fund Contribution			May Be to Fees
7ip	CITY, FL.	7ip	Count		8. This corporation has liability for in			
24 34990		29 34990		<b>SA</b>		Yes 🔲		1. 199.032,
	9. Name and Address of Curren	t Registered Agent	1 1		10. Name and Address of New Re			
WAL	LACE, WILLIAM J.		8	Name				
1250	NORTH POINT PARKWAY		8	2 Street Add	fress (P.O. Box Number is Not Acceptab	le)		
WES	T PALM BEACH FL 33407				and the partition of the troops and			
			8	3		,		
			8	4 City			<b>85</b> Zip	Code
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		FL		0000
office or re agent Tar SIGNATURE	egistered agent or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized I orida Statut	by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accep	t the appo	intment as	registered
L	Signature, typed or printed name of registered age			gent signature requ	ulred when reinstating)	DATE	DIDECTO	20 161 40
12.	OFFICERS AND	DELETE	13.	····	ADDITIONS/CHANGES TO OFFIC	·	Change	Addition
NAME	WALLACE, MICHAEL	had becere	1.2 NAM				onange	L.J radinor
STREET ADDRESS	16815 N.W. 220TH STREET							
CITY SI - ZIP	OKEECHOBEE FL		4	ET ADDRESS				
TITLE	DTS	DELETE	1.4 CITY			·	Change	Addition
NAME	KLEINFELD, PAUL L	<b>#</b> **********************************	2.2 NAM					
STREET ADDRESS	200 NE DIXIE HWY			ET ADDRESS				
CITY-ST-ZIP	STUART FL		2.4 CITY					
TITLE		DELETE	3.1 TITLE				Change	Addition
NAMŁ		<b>—,</b>	3.2 NAM			•		
SUREET ADORESS				ET ADDRESS				
CITY-S1-2iF			3.4. CITY					
TITLE		DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	É				
STREET ACORESS			4.3 STRE	ET ADDRESS				
CITY - ST - ZIP			4.4 CITY	1				
TITLE		DELETE	5.1 Title			[	Change	Addition
NAME			5.2 NAM	:				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CHY-S1-7IP			54 CITY	ST-ZIP				
TILLE		☐ DELETE	6 1 TITLE			Ţ	Change	Addition
NAM:			6.2 NAM					
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-7IP			6.4 CITY	-ST-ZIP				

14. Loc 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 nustee 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 attachment with an address.

3-27-97 561-781-0024