SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #

1. Corporation Name (5)S51910 C. J. TILE & CARPET, INC. Mailing Address Principal Place of Business 4245 HILLSBORO BLVD 4245 W HILLSBORO BLVD RAY A-6 COCONUT CREEK FL 33073 COCONUTCREEK FL 33073 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 05/09/1991 2a. Mailing Address
26. 440 S Military Trail Applied For 4. FEI Number 2. Principal Place of Business 21 440 S Military Tra 65-0264523 Not Applicable \$8.75 Additional Suite, Apt #, etc. Suite, Apt #, etc Certificate of Status Desired Fee Required 15 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Deerfield Ban, Florida Deerfield Beachiff Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Country [] Yes [] No CONTRACT DAY Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHISESI, STEFANO Street Address (P.O. Box Number is Not Acceptable) 82 68 CENTTENNIAL COURT **DEERFIELD BEACH FL 33073** 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NEITE, Registered Agent signature required when reinstating) Signature, typied or printed manus of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE TITLE DΡ CR2E034 1.2 NAME CHISESI, STEFANO NAME 1.3 STREET ADORESS **66 CENTENNIAL CT** STREET ADDRESS 1.4 CITY - ST- ZIP **DEERFIELD BEACH FL 33073** CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE LISA MCHISESI 2.2 NAME CHISESI, LISA NAME 2.3 STREET ADDRESS 785 W 12TH TERR STREET ADORESS 2 4 CITY - ST - ZIP **BOCA RATON FL 33486** CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-7IP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZiP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP 800001925358ange 🗌 Addition DELETE 61 TITLE . TITLE -08/19/96--01016--046 NAME 6.3 STREET ADDRESS ***375.00 STREET ADDRESS 64 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes and that my name appears in plock 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

WALL Vice President Ququst 7, 1996 954-421-115