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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90013 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S51910**

1. Corporation Name
C. J. TILE & CARPET, INC.

Principal Place of Business
**440 S. MILITARY TRAIL
DEERFIELD BCH FL 33442
US**

Mailing Address
**440 S. MILITARY TRAIL
DEERFIELD BCH FL 33442
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1991

4. FEI Number

65-0264523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **440 S MILITARY TRAIL**

Suite, Apt. #, etc.

22 City & State

23 **Deerfield Bch FL**

Zip **33442**

Country

24 **US**

25 **Broward**

2a. Mailing Address

26 **440 S MILITARY TRAIL**

Suite, Apt. #, etc.

27 City & State

28 **Deerfield Bch FL**

Zip

Country

29 **US**

30 **FL**

9. Name and Address of Current Registered Agent

**CHISESI, STEFANO
2617 NW 36TH ST
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**
NAME **CHISESI, STEFANO**
STREET ADDRESS **2617 NW 36TH ST**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☒ DELETE
NAME **CHISESI, LISA**
STREET ADDRESS **4617 NW 7TH STREET**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE **S** ☒ DELETE
NAME **GIUSEPPE, C**
STREET ADDRESS **4617 NW 7TH ST**
CITY-ST-ZIP **DEERFIELD BEACH FL 33142**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 (954) 421-1152

CR2E034 (11/98)