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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # COOZCA



Secretary of State DIVISION OF CORPORATIONS

## Feb 26, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

02-26-1999 90067 047 \*\*\*150.00

1. Corporation	I TILE, INC.									
Principal Place of Business Mailing Address						]	i   U  U U  • 1	til disti bidil si		
POST OFFICE E		5207 DOGWOOD DELL MARATHON FL 33050				DO NOT WRITE IN THIS SPACE				
KEY COLONY BEACH FL 33051 US						3. Date Incorporated or Qualifed				
						10/01/1991				
2. Principal Pl	ace of Business	2a. Mailing Address	≀a. Mailing Address			4. FEI Number		Apr	plied For	
21	26				65-0286060		Not	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A		
22		27				5. Certificate of otation begins		Fee Red	quired	
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible				
24	25 29					Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent	81			10. Name and Address of New Re	gistered A	rgent		
WEIGHT THOMAS B				. Name						
	GHT, THOMAS D. 15 O/S HWY SUITE #10		82 Street Addre			ss (P.O. Box Number is Not Acceptable	le)			
	ATHON FL 33050									
WAN	ATHON FE 33030		83							
			84	City		FL 85 Zip Code				
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was authorions of, Section 607.0505, Florida	the above orized by a Statutes	e-named the corpo	corpor oration	ation submits this statement for the pr 's board of directors. I hereby accept	urpose of o the appoin	tment as reg	registered	
SIGNATURE		Alott D		· · · · · · · · · · · · · · · · · · ·		the experience of the control of the	DATE		}	
12.			13.		единес у	ADDITIONS/CHANGES TO OFFI		D DIRECTO	RS IN 12	
TITLE	PSD	7,175 011(201011		1.1 TITLE				Change	Addition	
NAME	BOHNEN, LAWRENCE J.		1.2 NAME			1 - 11				
STREET ADDRESS	181 2ND ST.			1.3 STREET ADDRESS 56		or Dogwood Dell				
CITY-ST-ZIP	1 T. T. 1		1.4 CITY-S	I.4 CITY-ST-ZIP		anathon, FL 3305	D C			
TITLE	VD	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	WALTER SOFIELD		2.2 NAME							
STREET ADDRESS			_			15 w.75±5 \$4. Ocea			_	
CITY-ST-ZIP	MARATHON FL			T-ZIP	$\mathbf{m}$	arathon, FL 3305	<u>z</u>			
TITLE	TD	☐ DELETE	3.1 TITLE			•		<b>⊑</b> -€hange	☐ Addition	
NAME	OTHER, EXPLEIOE 6		3.2 NAME			ron a real Dal	i			
STREET ADDRESS	101 2 01				P.00	5207 Dogwood Del	<u></u>		ļ	
CITY-ST-ZIP	KEY COLONY BCH FL		3.4. CITY- S	T-ZIP		Marathon, FC 330	50	☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE					☐ Change		
NAME			4. 2 NAME						{	
STREET ADDRESS				FADDRESS						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP	-			Change	Addition	
TITLE			5.1 TITLE 5.2 NAME			•				
NAME				TADDRESS						
STREET ADDRESS			5.4 CITY-S					•		
CITY-ST-ZIP TITLE		DELETE 6.1					- 14	Change	☐ Addition	
NAME		_	6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDRESS						
CITY OT 710			6.4 CITY-S	T-Z <del>I</del> P						

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: