

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S89815 (2)

1. Corporation Name

ADVANCED TILE TECHNOLOGY, INC.



Principal Place of Business

% WILLIAM R. WATSON
4055 - 35 STREET NORTH, #200
ST. PETERSBURG FL 33714

Mailing Address

% WILLIAM R. WATSON
4055 - 35 STREET NORTH, #200
ST. PETERSBURG FL 33714

3. Date Incorporated or Qualified
10/25/1991

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

21. 5901 Sun Blvd

2a. Mailing Address

26. 5901 Sun Blvd

4. FEI Number
59-3093691

Applied For
Not Applicable

Suite, Apt. #, etc.

22. #202

Suite, Apt. #, etc.

27. #202

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State
St Petersburg FL

28. City & State
St Petersburg FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip Country
33715 USA

29. Zip Country
33715 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, WILLIAM R.
4055 - 35 STREET NORTH, #200
ST. PETERSBURG FL 33714

81. Name

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

903 PINELLAS BAYWAY #301

83.

84. City TIERRA VERDE

FL

85. Zip Code 33715

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, located 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)

(Typed) Registered Agent signature required when reappointing

DATE

W.R. Watson

3.11.96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
REILLY, MICHAEL
MULLINAHONE CO.
TIPPERARY, IRELAND

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DV
BURKE, JAMES
17 BEECH PARK (IRELAND)
VIEWMONT WATERFORD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
ROWELL, BERNARD
272 ADDINTON RD SELSDON
CROYDON, CR28LF, UK

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
ROONEY, MARY
53 BERKELEY HTS OMAGH
CO TYRONE BT799DZ, NI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/96

Date

813 864-4802

Daytime Phone #

CR2E034 (12/95)