

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Mar 20 1998 8:00am
Secretary of State

DOCUMENT # V00854 (2)

1. Corporation Name
MASTER TILE OF LEE COUNTY, INC.



Principal Place of Business
1503 SE 24TH AVE
CAPE CORAL FL 33990
US

Mailing Address
1503 S.E. 24TH AVE.
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2223 NE 1ST TERRACE Suite, Apt. #, etc. 22		2a. Mailing Address 26 2223 NE 1ST TERRACE Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 01/01/1992	
23 CAPE CORAL, FL City & State 24 33909 Zip 25 USA Country		28 CAPE CORAL, FL City & State 29 33909 Zip 30 USA Country		4. FEI Number 65-0302549 Applied For Not Applicable	
9. Name and Address of Current Registered Agent KORB, LEE W 1503 SE 24TH AVE CAPE CORAL FL 33990		81 Name LEE W. KORB 82 Street Address (P.O. Box Number is Not Acceptable) 2223 NE 1ST TERRACE 83 84 City CAPE CORAL FL 85 Zip Code 33909		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 *Lee W. Korb* 3-13-98
(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KORB, LEE W. 409 SE 16TH TERRACE CAPE CORAL FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP LEE W. KORB 2223 NE 1ST TERRACE CAPE CORAL FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, PAMELA R 1503 SE 24TH AVENUE CAPE CORAL FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S PAMELA J. KORB 2223 NE 1ST TERRACE CAPE CORAL FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Lee W. Korb*

3-13-98 941-997-2800

CR2E034 (10/97)