FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V08463** **(4)**

1. Corporate Name
STEPANEK TILE & MARBLE, INC.

Principal Place of Business
P.O. BOX 1124
JUPITER FL 33468

Mailing Address
P.O. BOX 1124
JUPITER FL 33468

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1992
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21 P.O. Box 32312
Suite Apt. #, etc.
22
City & State
23 Palm Beach Garders, FL
Zip 24 33410 Country 25 USA

2a. Mailing Address
26 P.O. Box 32312
Suite Apt. #, etc.
27
City & State
28 Palm Beach Gardens, FL
Zip 29 33410 Country 30 USA

4. FEI Number: 65-0316365 — 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. Does corporation be liable for intangible tax under § 199.032 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KRAMER, SCOTT
1155 U.S. HWY ONE
SUITE 205
JUNO BEACH FL 33408

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 Section 607.0505 or 608 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: _____ Typed or Printed Name of Registered Agent _____ Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEPANEK, TIMOTHY
STREET ADDRESS	P.O. DRAWER 1124 N/A
CITY, ST, ZIP	JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
TITLE D/P
NAME Stepanek, Timothy
STREET ADDRESS P.O. Box 32312
CITY, ST, ZIP ~~Palm Beach Gardens, FL 33410~~

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

14. I declare, under penalty of perjury, that I have read the foregoing and that the facts stated in it are true. I further state that the business activities of the corporation are consistent with those authorized by its articles of incorporation or amendments thereto, and that the corporation has complied with all provisions of Chapter 607, Florida Statutes, and that the corporation has paid all fees due to the Department of State for the year listed above.

SIGNATURE: _____ Timothy Stepanek 4/28/95 (407)775-8762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pres.

028301B CP