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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

FILED Feb 05 1998 8:00am Secretary of State

HUYAL TILE CUMPANY, INC.				
				İ
Principal Place of Business	Mailing Address			
10043 119TH WAY N SEMINOLE FL 34642 US	10043 119TH WAY N. SEMINOLE FL 34642 US		DO NOT WRITE IN THIS SPACE	
	dd		3. Date Incorporated or Qualified	*
			04/10/1992	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	,
21	26		59-3118491 Not Applica	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired - \$8.75 Additional	
22	27		5. Certificate of Statos Desired Fee Required	
City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
Zip Country	28	Charata	Trust Fund Contribution	
24 25	Zip 3	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	İ
g. Name and Address of Curren		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
ZABOLOTNY, ZYGMUNT STEVE		81 Name		-
% COMPUTETAX INC.			abolotny,Zygmunt	
8800 49 ST. NORTH, SUITE 406-5		82 Street Addre	ess (P.O. Box Number is Not Acceptable) 9321 U.S.Hwy 19 North	
PINELLAS PARK FL 34666		92	te C 601	
		84 City C	learwater FL 85 Zip Code 33764	
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named corpo	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered	red
agent. I am familiar with, and accept the obliga	ons of Section 607 0505, Flori	ida Statutes.	on a board of directors. I hereby accept the appointment as registered	ا "
SIGNATURE	2	Zygmunt :	S Zabolotny 01/30/1998	-
		Registered Agent signature require		
TITLE P OFFICERS/ANK	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	tion
NAME SOCHA, MAREK	المال المال	1.2 NAME	Charge C Addition	HOI:
STREET ADDRESS 10043 199TH WAY N				
CITY-ST-ZIP SEMINOLE FL		1.3 STREET ADDRESS		
TITLE OCTANIOLE I E	1 DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addil	tion
NAME		2.2 NAME		
STREET ADORESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	Change Addit	tion
NAME		3.2 NAME	_ · · · ·	
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST-ZIP		1
TITLE	DELETE	4.1 TITLE	Change Addit	tion
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addit	ilon
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS]
CITY - ST - 2IP		5.4 CITY - \$T - ZIP		
TITLE	☐ DELETE	5.1 TITLE	Change Addit	ion
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP	h 16) - (1)	6.4 CITY-ST-ZIP	2.00	
14. I nereby certify that the information supplied will	n this filing does not qualify for	the exemption stated in S	Section 119.07(3)(I), Florida Statutes. I further certify that the informatic	on

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:

President

01/30/98

813-397-7648