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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90042 024 \*\*\*150.00

## **DOCUMENT # V28861**

1. Corporation Name

Principal Place of Business

ROYAL TILE COMPANY, INC.

	AY N.	10043 119TH WAY N.			}		
SEMINOLE FL 3   US	34642	SEMINOLE FL 34642 US			DO NOT WRITE IN THIS	SPACE	
		03			3. Date Incorporated or Qualifed	017102	
					04/10/1992		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
[21]		26		59-3118491		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.7	5 Additional
22	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Status Desired	Fee	Required
City & Stat	te .	City & State	*		6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year into	ngible .	l
24	25	29 3	0		Personal Property Tax.	☐ Yes	XNo
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered	gent	
			81	Name	,		
	OLOTNY, ZYGMUNT		82	Ctront /	Address (D.O. Rey Number is Not Assentable)		
1932	21 US HWY 19 N #C-601		02	Street	Address (P.O. Box Number is Not Acceptable)		
CLEA	ARWATER FL 33764		83				
	,					<del> </del>	
			84	City	FL	85 2	Zip Code
44 Pursuant	to the provisions of Sections 60	7 0502 and 607 1508. Florida Statutes	the above	-named	corporation submits this statement for the purpose of	hanging	its registered
office or re	egistered agent, or both, in the S	State of Florida. Such change was auti	orized by	the corpo	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appoin	tment a	s registered
agent. I ar	m familiar with, and accept the o	obligations of, Section 607.0505, Florid	a Statutes.	•			
CLONIATURE	*				• • •		1
SIGNATURE	Signature, toned or printed game of registers	ed agent and title if applicable. (NOTE: Ro	edistered Agen	t signature re	equired when reinstating) DATE		
	Signature, typed or printed name of registere			t signature re		D DIREC	CTORS IN 12
12.	OFFICER	ed agent and title if applicable. (NOTE: R. IS AND DIRECTORS	13.	t signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	
12.	OFFICER P	S AND DIRECTORS	13. 1.1 TITLE	t signature re			
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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.

6.4 CITY-ST-ZIP

SIGNATURE: