

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:42

DOCUMENT # **L04221** (2)

1. Corporation Name
SEAMLESS FLOOR SYSTEMS, INC.

Principal Place of Business Mailing Address
1445 SHADWELL CIR HEATHROW FL 32746 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1989	3a. Date of Last Report 04/06/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3016932	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WATREN, LARRY DEAN 1445 SHADWELL CIR HEATHROW FL 32746				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATREN, LARRY DEAN	1 2 NAME	Delete
STREET ADDRESS	1445 SHADWELL CIR	1 3 STREET ADDRESS	
CITY ST ZIP	HEATHROW FL	1 4 CITY ST ZIP	
TITLE	V	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATREN, LAURA	2 2 NAME	President Watren, Laura 1445 Shadwell Cir. Heathrow, FL 32746
STREET ADDRESS	1445 SHADWELL CIR	2 3 STREET ADDRESS	
CITY ST ZIP	HEATHROW FL	2 4 CITY ST ZIP	
TITLE	T	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEGNER, EDWARD	3 2 NAME	
STREET ADDRESS	787 CRICKLEWOOD TERR	3 3 STREET ADDRESS	
CITY ST ZIP	HEATHROW FL	3 4 CITY ST ZIP	
TITLE	S	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEGNER, RUTH	4 2 NAME	
STREET ADDRESS	787 CRICKLEWOOD TERR	4 3 STREET ADDRESS	
CITY ST ZIP	HEATHROW FL	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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 110.07(3)(A), 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: Laura Watren, President 3/13/95 407-444-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #