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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L95234 (5)
1. Corporation Name
FLOORMASTERS FLOORING SYSTEMS, INC.



Principal Place of Business: 117 N MAIN STREET ALACHUA FL 32616
Mailing Address: PO BOX 487 ALACHUA FL 32616-0487

3. Date Incorporated or Qualified: 07/17/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 4145 N.W. 53rd Ave. Suite A, 22 Gainesville Fl., 23 32653, 24 U.S. America
2a. Mailing Address: 26 4145 NW. 53rd Ave. Suite A, 27 Gainesville Fl., 28 32653, 29 U.S. America, 30 U.S. America

4. FEI Number: 59-3030551
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: WESTMORELAND, WADE KIMBALL, 117 N MAIN ST, ALACHUA FL 32615
10. Name and Address of New Registered Agent: 81 Wade Kimball Westmoreland, 82 4145 N.W. 53rd Ave., 83 Suite A, 84 Gainesville, FL 85 32653

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: [Signature] DATE: 4-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WESTMORELAND, WADE K.	1.1 TITLE	Change
NAME	WESTMORELAND, WADE K.	1.2 NAME	
STREET ADDRESS	PO BOX 487 N/A	1.3 STREET ADDRESS	4145 N.W. 53 rd Ave.
CITY-ST-ZIP	ALACHUA FL 32616	1.4 CITY-ST-ZIP	Gainesville Fl. 32653
TITLE		2.1 TITLE	Change
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change
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 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: [Signature] DATE: 4-28-97 357-338-8400

CR2E034 (9/96)