

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000011950 (0)**

1. Corporation Name

**ALL HOURS FLOORING SERVICE, INC**



Principal Place of Business

Mailing Address

~~3430 NW 16 ST~~  
~~SUITE 22~~  
LAUDERHILL FL 33311  
US

3430 NW 16 ST  
SUITE 22  
LAUDERHILL FL 33311  
US

3. Date Incorporated or Qualified  
**02/09/1994**

3a. Date of Last Report  
**05/01/1995**

21. Principal Place of Business  
**10362 N.W. 55th St**  
Suite, Apt. #, etc.

2a. Mailing Address  
**10362 NW 55th St**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0469348**

Applied For  
Not Applicable

22. City & State  
**Sunrise FL**

27. City & State  
**Sunrise FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip **33351** Country **USA**

28. Zip **33351** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**DEMARZO, STEVE**  
**755 NE 173 TERR**  
**MIAMI FL 33162-2159**

10. Name and Address of New Registered Agent

81. Name  
**CHARITY DEMARZO**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**10362 N.W. 55th St.**  
83.  
84. City **SUNRISE** FL 85. Zip Code **33351**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

*Charity Demarzo*

(NOTE: Registered Agent signature required when re-registering)

**6-14-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMARZO, STEVE</b>	
STREET ADDRESS	<b>11841 NW 33RD ST.</b>	
CITY - ST - ZIP	<b>SUNRISE FL</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>DEMAREZO, CHARITY</b>	
STREET ADDRESS	<b>11841 NW 33RD ST.</b>	
CITY - ST - ZIP	<b>SUNRISE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>10362 N.W. 55th St.</b>
14. CITY - ST - ZIP	<b>SUNRISE, FL 33351</b>
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	<b>10362 N.W. 55th St.</b>
24. CITY - ST - ZIP	<b>SUNRISE, FL 33351</b>
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>600001879198</b>
53. STREET ADDRESS	<b>-06/28/96--01038--034</b>
54. CITY - ST - ZIP	<b>***200.00</b>
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 119.07(3)(k), 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:

*Charity Demarzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-96 (950) 749-1300**

Date

Daytime Phone #

CR2E034 (12/95)